

**Outcome S1: Children are first and foremost, protected from abuse and neglect.**

**GOAL:** Nebraska will increase the percentage of cases that are determined to be in substantial conformity with the Federal Outcome SI: Children are first and foremost protected from abuse and neglect. By 07-01-05 from 77% to 80%.

**Evaluation method:** N-FOCUS Data Reports

**Baseline:** 77% established during the 2002 CFSR

**Item1. Timeliness of initiating initial assessments of reports of child maltreatment**

**Goal Negotiated Measure: % of Improvement:** Nebraska will improve response times to initiating initial assessments of reports of child maltreatment. By 07-01-04 from 42% to 65% and from 07/01/04 to 07/01/05 to improve response rates to 85%.

**Baseline:** 42% established during the 2002 CFSR.

**Method of Measuring Improvement:** N-FOCUS

Action Steps	Lead Responsibility	Areas of Impact <sup>1</sup>	Benchmarks	Date Projected	Date Actual	Progress Report
<p>1.1 Strengthen policy and practice related to the intake process to include:</p> <ul style="list-style-type: none"> <li>time lines and definitions for initiating and completing comprehensive assessments of reports of child abuse/neglect,</li> <li>steps to appropriately identify the child and family's culture and heritage</li> <li>staff to gather information about non custodial parent and other relatives</li> <li>assignment of reports within established priorities and timeframes.</li> </ul>	Todd Reckling	<p><i>Item 1</i> Timeliness of initiating initial assessments of reports of child maltreatment. (1.1., 1.3., 1.7):</p> <p><i>Items 2</i> Repeat Maltreatment (2.1.);</p> <p><i>Item 14</i> Preserving Connections(14/1);</p> <p><i>Item 15</i> Relative Placement (15.1)</p>	1. Policy developed in collaboration with the National Resource Center for Child Maltreatment and Family Centered Practice.	07/03	07/03	<p><b>1<sup>st</sup> Quarter:</b> New Policy direction was collaboratively developed through the Collaborative Case Practice (CCP) process. This group includes the Protection and Safety Administrators (PSA) and Resource Development Administrators (RDA) from across the State with key Central Office Administrators with consultation from the National Resource Centers (NRCs). Intake Policy issues were discussed at the CCP group meeting number 1, 2, 3, 4, and 5 with the NRC's for Family Centered practice and Child Maltreatment represented at these meetings. CCP meetings occurred on February 25-27; April 7-8; July 15-17; and September 3-4; and November 07, 2003. The CCP Leads (Todd Reckling and Michelle Eby co-leads for CCP Initiative) also met with Cathy Welsh from the Child Maltreatment NRC on July 31 and August 01, 2003 in Omaha to discuss safety and risk issues for policy/guidebook. The desired Specialized Intake tool and process included time lines and definitions for initiating and completing comprehensive assessments of reports of child abuse/neglect Time lines for the Intake Report to be investigated/assessed were established to be tested.</p> <p>The CCP workgroup also specified that all investigations/assessments are to be completed and on the N-FOCUS System within 45 days. A draft of the new comprehensive assessment is still being revised and has</p>

<sup>1</sup> . References cited correspond to the action steps from the original PIP.

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<ul style="list-style-type: none"> <li>defines what constitutes a “new” report of child abuse/neglect vs. additional information on an existing report</li> <li>define what constitutes a report of repeat maltreatment</li> </ul>						<p>not yet been finalized. An Administrative Memo will be distributed 02/04. Subsequent policy will be distributed as the new rules and regulations/guidebook when formally approved. HHS is currently operating under existing policy with additional guidance provided in the newly developed “Intake Desk Aid” and training.</p> <p>The CCP team decided at its first meeting in February 2003 that the rules and regulations “policy” book and worker guidebook needed to be contained together in one document.</p> <p><b>2<sup>nd</sup> Quarter:</b> (Note that the following progress reporting relates to all benchmarks in Action Step 1.1.) Improvements and revisions to the Intake tools and processes continued during the second quarter. Cathy Welsh and Denise Gonzales from the Child Maltreatment Resource Center came to Nebraska during January 2004 to participate in an overall assessment of the Nebraska intake system, including a “Case Review” of Intakes from the Eastern Service Area (Omaha) office only. Omaha receives the largest volume of intake reports, and it was the test site for the new specialized intake. The case read review looked at Intakes from 2002 and 2003 from the months of July to December. The case read review was designed to gather information related to case practice as well as to address policy practice and needs. The analysis of the case read is currently being completed and a report should be available in mid March 2004. As part of the broader assessment of the intake system, Todd Reckling and Quality Assurance Administrator (Quality Administrator) had the opportunity to conduct interviews with the Omaha Specialized Intake staff and Omaha Initial Assessment staff on January 07, 2004 regarding Intake functions. A conference call with specialized Intake Supervisors and Administrators from the Central and Western Service Areas regarding Intake also occurred on January 07, 2004.</p> <p>Throughout the months of late November 2003 to February 2004 there were adjustments in the decision-making process within the HHS system. The Service</p>

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						<p>Area Chief Executive Officers became more involved in the Intake process. This coupled with the departure of Director Ron Ross in early January 2004 necessitated some temporary changes to implementation planning. During the months of December 2003, and January and February 2004 there were various meetings between the new Administrator for Protection and Safety (Al Jensen) and the 3 Service Area CEO's to make some revisions to the Intake process, practices, and policies. There was a meeting held on January 27 and 28th with the CEO's, Dennis Loose, Deputy Director, the training unit, human resources, Todd Reckling, Quality Assurance Administrator and others to discuss Intake policies and practices and to provide further direction on the project.</p> <p>Each service area has identified an "Intake Liaison" to represent their respective service area regarding all intake issues. Michelle Eby represents the Western Service Area, Cindy Williams and Jana Peterson represents the Central Service Area, and Kathy Jones in the Eastern Service Area. This workgroup in addition to a representative from training are currently working on improvements and revisions to the Intake tools and processes. They have a meeting scheduled for March 04, 2004 in Kearney. The QA Administrator is also a part of this workgroup, using the intake project as some of the first steps at a comprehensive quality assurance system.</p> <p>On February 10, 2004 there was a Protection and Safety Administrators Meeting/CCP meeting devoting substantial time and focus to planning for further Intake revisions and improvements. Based on the preliminary findings of the case read, the administration determined that the most immediate task needing to be completed regarding Intake functionality was for the state to clearly define "safety" and "risk" and set more concrete criteria around these issues. The chartered as the Nebraska Family Portrait (NFP) workgroup identified a smaller workgroup to define and set criteria for safety and risk. This safety and risk group had a conference call on February 20, and there is a meeting planned for March 04, 2004. Cathy Welsh, National Child Welfare</p>

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						<p>Resource Center on Maltreatment, will serve as consultant for this intake system improvement project.</p> <p>The Governor's Children's Task Force concluded its work in mid December 2003. Director Ron Ross as well as an administrator, two staff persons, and various others such as Todd Reckling, and Gail Steen from HHS legal represented HHS at the meetings. The Department was intricately involved in the activities in the Child Death Review Team Findings that reported out on 30 child deaths over the past 5 years. HHS also provided information, data and reports on caseloads, intakes, investigations/assessments, staffing, recruitment, retention, grants, services, policies, practices, etc. As a result of the task force findings, Governor Mike Johanns has proposed allocation of additional resources to the department. The legislature is currently in session and debating the proposals and recommendations. Governor Johann's recommendations include efforts toward prevention, accountability, and investigation and prosecution collaboration. If the Governor's package is approved, there could potentially be up to an additional 80 CPS workers, 8 supervisors, and 32 support staff for a total of 120 new staff positions. A proportion of the workers would be committed to the Intake function and assessment function. The figures are still being solidified and debated. The department has been busy the past several months strategizing how best to allocate any new positions that might be approved. The department has been making plans as to how to more effectively recruit, train, supervise and retain Intake workers as well as other protection and safety staff.</p> <p>The Department has recently supported a protocol developed to promote the safety of children exposed to methamphetamines. The protocol describes how first responders such as law enforcement officers and CPS workers need to assure the safety of children at the scene, other exposed children and themselves. The protocol was endorsed by Governor Johanns on February 19, 2004. The protocol has been distributed to HHS Protection and Safety Administrators and they will be disseminating it to</p>

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						<p>supervisors and workers. The protocol is also available on the Internet on the Center for Children Families and the Law website. Protection and Safety staff also has a quick link to the protocol through the HHS Intranet. The newly developed Children Exposed to Methamphetamine Laboratories (CHEM-L) protocols will ensure that when children are exposed, potential health risks are assessed and medical attention is provided when needed. The new protocols will also ensure that people who care for these children, such as foster parents, receive health-related information. Nebraska U.S. Attorney Mike Heavican, along with the Midwest High Intensity Drug Trafficking Area program, coordinated the effort to implement these protocols as part of the Drug Endangered Children (DEC) program. While many states have DEC initiatives, Nebraska is believed to be the first to have a statewide protocol endorsed by health and medical professionals, state leaders and law enforcement. The objective of the protocol is to improve the safety and medical care of children under 18 who are found in association with a clandestine methamphetamine laboratory. This protocol defines best practices for gathering information at the scene, assessing the child's medical needs, gathering medical evidence and providing appropriate information. To view the entire protocol go the Department of Health and Human Services website at: <a href="http://www.hhss.state.ne.us">www.hhss.state.ne.us</a></p> <p>The Supervisory workgroup has continued to meet throughout this second quarter and they continue to discuss the role and responsibility of the supervisor during the intake process and throughout the life of a case. The workgroup is also revising the current initial and ongoing training for workers and supervisors. Todd Reckling attended a meeting with the group on January 30, 2004. Mary Osborne, Todd Reckling and Jana Peterson discussed with the group the information they heard from the CEO's and Al Jensen on January 27 &amp; 28, 2004. This direction is that the supervisor training needs to be given priority. The workgroup has draft products for worker and supervisor training and is developing a draft regarding the expectations for supervisors. Jana Peterson presented this information at the PSA/CCP</p>

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						meeting on February 10, 2004.
			2. Initiate pilot of new policy in the Eastern Service Area to assess practice issues related the new policy.	07/03	07/03	<p><b>1<sup>st</sup> Quarter:</b> It was determined by the CCP workgroup that NE wanted to specialize the Intake function. Rather than all the local offices taking abuse and neglect reports, it was determined that 2 offices in each of the three service areas would be designated as Specialized Intake Sites. The sites identified were Omaha and Lincoln for the Eastern Service Area, Norfolk and Kearney in the Central Service Area, and North Platte and Alliance in the Western Service Area. It was also determined that rather than the Child Abuse and Neglect 24/7 Hotline being housed in Omaha only, the hotline would “roll-over” to each of the 6 specialized intake offices. The Eastern Service Area (Omaha/Papillion) was selected as the “test pilot” site for the new Intake Report tool and specialized intake process. The “Intake Test Pilot” started on July 15, 2003 and ran until September 15, 2003.</p>
			3. Evaluate results of the pilot and make adjustments to policy and training as needed	09/03	09/03	<p><b>1<sup>st</sup> Quarter:</b> Continuous evaluation was conducted by the Eastern Service Area Administration, and the CCP leads with appropriate adjustments to the new Intake Tool and process during the months of July, August, and September. CCP leads had conference calls and went to Omaha in August and September to “debrief” with the Intake staff, supervisors, and administrators in the Eastern Service Area. Data on the test pilot was collected by the Eastern Service Area to assist in determining adjustments necessary.</p> <p><b>2<sup>nd</sup> Quarter:</b> During the month of December 2003 it was determined by the CEO’s and Central Office Administration that due to technical complications across the state and other related reasons, that the Intake “Hotline” would not rotate between the 6 specialized intake sites during regular business hours, but rather the calls would stay within each of the three services areas respectively. After 5:00 p.m., week-ends and holidays all calls will be routed through the 800 number in Omaha. The Central Service Area has decided to go to one site (Kearney) rather than two sites (Kearney and Norfolk). This change is planned to occur in March 2004. There are currently 5 specialized intake sites.</p>

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						<p>When the specialized intake process was initially implemented in the fall of 2003, there were six (6) specialized intake sites across the state of Nebraska. There were as follows: 1) Omaha; 2) Lincoln; 3) Norfolk; 4) Kearney; 5) North Platte; and 6) Alliance. In December, the three Chief Executive Officers in each of the respective service areas and administrative staff from Central Office determined that the phone system would be operated in an alternative manner. Instead of the phones ringing from one site to the next through all six of the sites, the calls would stay within the service area and each service area would support its primary and secondary site, but not have to support the other state sites. Omaha and Lincoln sites, because of the volume of their calls, have also separated from one another in terms of support and now only support their individual site. Thus, in the Eastern Service Area, Omaha takes intakes and if workers are not available, the caller goes into voice mail. In Lincoln, if an intake worker is not available the caller goes to voice mail. In the Central Service Area, calls go to the Norfolk or Kearney office based on the prefix of the caller. If intake workers in Norfolk cannot take a call, the caller is transferred to Kearney. If a Kearney worker would also happen to be unavailable, the caller goes to voice mail in Kearney. Calls that are routed to Kearney stay in Kearney and if an intake worker is unavailable the caller goes to voice mail. In the Western Service Area, calls go to the North Platte or Alliance office based on the prefix of the caller. If intake workers in Alliance cannot take the call, the caller is transferred to North Platte. If a North Platte worker would also happen to be unavailable, the caller goes to voice mail. Calls that are routed to North Platte stay in North Platte and if an intake worker is unavailable the caller goes to voice mail.</p> <p>In addition to the phone system “rolling” procedural change, a decision was made by the CEO in the Central Service Area to consolidate from two specialized intake sites down to one for improved effectiveness and efficiency. This change has not yet occurred. It was originally planned for March 2004, but will occur most</p>

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						likely in April or May 2004 as staff are still be shifted and hired. Therefore, there will be five (5) specialized intake sites across the state instead of the originally planned six sites.
			4. Training developed in collaboration with HHS Training, University of Nebraska Center for Children, Families, and the Law (CCFL) and National Resource Centers.	10/03	Pilot training 07/03 and statewide 10/03	<b>1<sup>st</sup> Quarter:</b> Training was developed collaboratively. Mary Osborne, lead for the HHS training unit was present at the CCP meetings where the new “vision” for the Intake policy/guidebook and practice was discussed. CCP Leads met with the trainers and University of Nebraska Center for Children, Families and the Law (CCFL) staff on multiple occasions to develop and/or change current training curricula related to the Intake function. In addition to the training coming from the CCP, Jane Berdie with the National Resource Center for Family Centered Practice provided technical assistance on training. A hardcopy of the training handbook developed and shared with the Intake staff is being sent to the Federal Regional Office.
			5. Train worker and supervisory staff statewide on written policy. Managers and supervisors will conduct initial training.	11/03	11/03	<b>1<sup>st</sup> Quarter:</b> The trainers, Central Office Administration, and all the other Service Area Protection and Safety Administrators presented Intake Training to the Omaha and Papillion Intake and Initial Assessment Administrators and Supervisors on July 10, 2003. The trainers, CCP Lead Todd Reckling CO administrator, and the Eastern Service Area PSA’s (Maria Lavicky and Kathy Jones) delivered training to the Omaha/Papillion staff on July 14, 2003 in Omaha, NE. Training staff provided an additional seven days of over the shoulder training to staff in Omaha during July and August. The trainers, CCP Leads, and other PSA’s trained all the specialized intake supervisors and administrators from the intake sites on September 16 2003 in Kearney, NE. All Specialized Intake Staff were trained on October 21, 2003 in Kearney, NE. On November 6, 2003 training was provided to new workers.
			6. Completed training sign in sheets will be submitted to the PSA for the	11/03	11/03	<b>1<sup>st</sup> Quarter:</b> Sign-in sheets are maintained with training attendance records at the University of Nebraska Center



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			staff in that area.			for Children Families and the Law. The number of attendees attending these sessions included: 07/10/03: Specialized Intake Orientation Training- ESA P&S Administrators & Supervisors- Omaha with 33 trainees; 07/14/03: Specialized Intake Process Training- ESA P&S Intake Supervisors & Workers- Omaha with 22 trainees; 09/16/03: Specialized Intake Process Training- Statewide P&S Admin.& Supervisors- Kearney with 30 trainees; 10/21/03: Specialized Intake Process Training- Statewide P&S Supervisors & Workers- Kearney with 34 trainees; 11/06/03: Specialized Intake Process Training- New P&S Workers- Lincoln with 7 trainees
			7. Written policy disseminated through Administrative Memo.	11/03 02/04		<p><b>1<sup>st</sup> Quarter:</b> Extension request to 02/04. Administrative Memorandum will be distributed 02/04. Currently operating under existing policy with additional guidance provided in Intake Desk Aid and through training.</p> <p><b>2<sup>nd</sup> Quarter:</b> Extension request to 07/04 to be consistent with dissemination with other policies.</p> <p>On February 10, 2004 there was a Protection and Safety Administrators Meeting/CCP meeting devoting substantial time and focus to planning for further Intake revisions and improvements. Based on the preliminary findings of the intake system assessment, the administration determined that the most immediate task needing to be completed regarding Intake functionality was for the state to clearly define “safety” and “risk” and set more concrete criteria around these issues. The chartered NFP workgroup identified a smaller workgroup to define and set criteria for safety and risk. This safety and risk group had a conference call on February 20, and there is a meeting planned for March 04, 2004. Cathy Welsh, National Child Welfare Resource Center on Maltreatment, will serve as consultant for this intake system improvement project.</p>

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.			8. Policy implemented statewide.	11/03 02/04		<b>1<sup>st</sup> Quarter:</b> Extension requested to 02/04. The new Intake Tool and Specialized Intake Process were implemented on December 01, 2003. An Administrative Memo will be distributed 01/04  <b>2<sup>nd</sup> Quarter:</b> Extension request to 07/04. See above
1.2 Enhance the N-FOCUS system to provide an accurate intake date	Todd Reckling	Item 1. Timeliness of initiating initial assessments (1.2)	1. System Investigation Request to require the actual intake receive date to be entered into N-FOCUS and eliminate the default feature is reviewed and approved	07/03	12/02	<b>1<sup>st</sup> Quarter:</b> N-FOCUS Business Analyst completed the System Investigation Request (SIR) for the actual Intake receive date to be entered into N-FOCUS. SIR#18263 was completed.
			2. Change to current system code is made	07/03	02/03	<b>1<sup>st</sup> Quarter:</b> N-FOCUS Business Analyst changed the system code on 02-06-2003.
			3. Code testing is completed and system is stable	07/03	02/03	<b>1<sup>st</sup> Quarter:</b> N-FOCUS Business Analyst code tested the change to assure the system was stable on 02-11-2003.
			4. Release notes explaining the change and current requirements is posted in Lotus Notes for workers	07/03	02/03	<b>1<sup>st</sup> Quarter:</b> The Release Notes on Lotus Notes was issued on 02/03 to workers statewide.
1.3 Implement specialized intake staffing structure to receive reports of abuse and neglect and to determine acceptance for assessment to ensure that comprehensive assessments are consistently accepted and assigned in a timely manner	Todd Reckling	Item 1. Timeliness of initiating initial assessments (1.4)	1. Conduct workload analysis to determine number of staff needed to implement specialized intake staffing.	03/03	03/03	<b>1<sup>st</sup> Quarter:</b> A Workload Analysis study was completed in March 2003 by the CCP workgroup. This workload analysis determined that the number of Intake workers necessary for using the new Specialized Intake process and Tool totaled 21 Intake workers. These numbers were based on the number of Intake calls received for Calendar year 2001. The figures used included 90 minutes for fully taking and processing an Intake report, and 15 minutes to receive and process a screened out report.  <b>2<sup>nd</sup> Quarter:</b> Todd Reckling has been working on an updated workload analysis study utilizing Intake information from the years 2002 and 2003. The study will be used to request additional intake staff to fulfill the requirements of the intake functions. A proposal for additional intake staff is currently being completed and will be submitted by the first week in March to Al Jensen and the CEO's.  For more progress-report detail on this Action Step, refer to Item 1, Action Step 1.1-Strengthening Intake Policy.

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			2. Identify and assign specialized staff for pilot site for receiving reports of abuse / neglect and determining acceptance for comprehensive assessment	07/03	07/03	<b>1<sup>st</sup> Quarter:</b> The Eastern Service Area identified and assigned staff for the test site in Omaha. Intake workers necessary for using the new Specialized Intake process and Tool totaled 21 Intake workers.
			3. Identify and assign specialized staff statewide for receiving reports of abuse / neglect and determining acceptance for comprehensive assessment	09/03	09/03	<p><b>1<sup>st</sup> Quarter:</b> The other service areas identified the location and staff for the new specialized intake. The offices identified are: Western Service Area -North Platte and Alliance; Central Service Area-Kearney and Norfolk; and Eastern Service Area Omaha/Papillion and Lincoln. Intake Supervisors are as follows: WSA-Jerilynn Crankshaw and Tracy Felker as backup supervisor, CSA-Brenda Roetman and Larry Boyd with Sharyn Hjorth as backup supervisor, and ESA-Sherry Buhrmann. The Eastern Service Area is in the process of determining whether or not they can shift resources enough to allocate another 1-2 FTE positions as responsible for supervision of Intake.</p> <p><b>2<sup>nd</sup> Quarter:</b> During the month of December 2003 it was determined by the CEO's and Central Office Administration that due to technical complications across the state and other related reasons, that the Intake "Hotline" would not rotate between the 6 specialized intake sites during regular business hours, but rather the calls would stay within each of the three services areas respectively. After 5:00 p.m., week-ends and holidays all calls will be routed through the 800 number in Omaha. The Central Service Area has decided to go to one site (Kearney) rather than two sites (Kearney and Norfolk). This change is planned to occur in March 2004.</p>

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			4. Identify and secure necessary phone equipment	07/03	12/03	<p><b>1<sup>st</sup> Quarter:</b> Originally the statewide child abuse and neglect Hotline was operated solely by Omaha Project Harmony staff from the Eastern Service Area. As part of the specialized Intake process, it was determined by the CCP workgroup that the former hotline staffed only in Omaha would now roll over to each of the 6 specialized Intake Offices (North Platte and Alliance in the Western Service Area, Kearney and Norfolk in the Central Service Area, and Omaha and Lincoln in the Eastern Service Area.) in the 3 service areas. Specific phone equipment such as additional lines, special phones, and headsets for workers were identified and ordered in October and November 2003. The new phone equipment is currently in use in each of the specialized sites. Additional phone lines were also installed in offices to accommodate workers in having lines to call out from to make contact with collateral persons also having information about a child or family.</p> <p>There were some technical and staffing issues with the phone system when it was implemented on December 1, 2003. Immediately after statewide implementation, further assistance was received from the Division of Communications to fix the mechanical issues. Additional instructions and directions were shared with staff regarding technical operation of the new phones, the roll-over system process and staff coverage.</p>

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			3. Training developed in collaboration with HHS Training, CCFL and NRCs.	11/03	Pilot training 07/03 and statewide 10/03	<p><b>1<sup>st</sup> Quarter:</b> Training was developed collaboratively. HHS training unit Leader was present at the CCP meetings where the new “vision” for the Intake policy/guidebook and practice was discussed. CCP Leaders met with the trainers and CCFL staff on multiple occasions to develop and/or change current training curricula related to the Intake function. In addition to the training coming from the CCP, Jane Berdie with the National Resource Center for Family Centered Practice provided technical assistance on training. A hardcopy of the training handbook developed and shared with the Intake staff is being sent to the Federal Regional Office.</p> <p>As the number of Intake Reports has increased in Omaha, the ESA administrator has been shifting additional staff to the Intake Unit and the Comprehensive Assessment Unit to fulfill the demand for intake and assessment workers.</p>
			4. Train specialized intake staff on written policy. Training to be conducted by managers and supervisors.	11/03	11/03	<p><b>1<sup>st</sup> Quarter:</b> The trainers, Central Office Administration, and all the other Service Area Protection and Safety Administrators presented Intake Training to the Omaha and Papillion Intake and Initial Assessment Administrators and Supervisors on July 10, 2003. The trainers, CCP Lead Todd Reckling and the Eastern Service Area PSA Maria Lavicky, and administrator Kathy Jones delivered training to the Omaha/Papillion staff on July 14, 2003 in Omaha, NE. Training staff provided an additional seven days of over the shoulder training to staff in Omaha during July and August. The trainers, CCP Leads and other PSA’s trained all the specialized intake supervisors and administrators from the intake Sites on September 16 2003 in Kearney, NE. All Specialized Intake Staff were trained on October 21, 2003 in Kearney, NE. On November 6, 2003 training was provided to new workers.</p>
			5. Completed training sign in sheets will be submitted to the PSA for the staff in that area.	11/03	11/03	<p><b>1<sup>st</sup> Quarter:</b> Sign-in sheets are maintained with training attendance records at the University of Nebraska Center for Children Families and the Law. The number of attendees attending these sessions included:</p>

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						07/10/03: Specialized Intake Orientation Training- ESA P&S Administrators & Supervisors- Omaha with 33 trainees; 07/14/03: Specialized Intake Process Training- ESA P&S Intake Supervisors & Workers- Omaha with 22 trainees; 09/16/03: Specialized Intake Process Training- Statewide P&S Admin.& Supervisors- Kearney with 30 trainees; 10/21/03: Specialized Intake Process Training- Statewide P&S Supervisors & Workers- Kearney with 34 trainees; 11/06/03: Specialized Intake Process Training- New P&S Workers- Lincoln with 7 trainees
			6. Implement staffing changes	11/03	11/03.	<b>1<sup>st</sup> Quarter:</b> As the number of accepted Intake Reports has increased in Omaha, the ESA administrators have been trying to forward fill PSW workers, as well as shifting additional staff to the comprehensive assessment unit to fulfill the demand for assessment workers.
1.4 Develop and implement methods for measuring compliance with intake policy 1.1.	Quality Assurance Administrator	Item 1. Timeliness of initiating initial assessments (1.5, 1.6, 1.8); Item 2. Repeat maltreatment. (2.2)	1. Policy developed and implemented in pilot site to require supervisor decision to accept the intake for comprehensive assessment.	07/03	07/03	<b>1<sup>st</sup> Quarter:</b> Pilot site date met. However, there are feasibility issues with the method of requiring supervisor decision to accept the intake.  As part of the training on the new Intake tool and process, workers and supervisors were instructed to accept or deny Intake report allegations based on current HHS policy definitions for sexual abuse, physical abuse and neglect, and emotional abuse and neglect. The new Intake Report has instructions, Maltreatment Screening Tools and Priority Response and Priority Screening Tools that assist the worker to clarify when an allegation falls within the meaning of HHS policy for child maltreatment.  As part of the new Intake process, it was the expectation that all Intake Reports, whether screened out or accepted were reviewed and approved by a supervisor. Due to the volume of reports in Omaha, the Omaha Intake supervisor was unable to review all Intake Reports. As a result, the Intake supervisor is trying to review 100% of the “screened out” reports, and the Initial Assessment Supervisor is reviewing all the accepted Intake Reports as she assigns them to an assessment worker. It was determined on November 20, 2003 by the CO and Field Administrators that additional staff was needed to review

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						<p>“screened out” Intake Reports. Therefore, HHS will be establishing a temporary FTE with expertise in child maltreatment to review screened out reports. At this time, we believe that this temporary FTE will allow us to catch up with a backlog of work while still maintaining our goal of having a supervisor review all intake reports.</p> <p>HHS has also asked the NRC for Child Maltreatment to come to Nebraska and do a case review on Intake Reports from July-November 2003 from the Omaha pilot test to offer findings and recommendations on screening and prioritization practices thus far with the new Intake Tool and Process. This review will take place the third week in December, 2003.</p> <p>The new QA administrator for CO was hired in October. The 3 QA Unit Managers (1 for each of the service areas) were advertised for the weekend of November 22-23. The QA administrator is starting to work with the CCP team to develop measurement standards on the different case functions such as Intake, Assessment, Case Planning, etc.</p> <p><b>2<sup>nd</sup> Quarter:</b> For more progress-report detail on this Action Step, refer to Item 1, Action Step 1.1- Strengthening Intake Policy</p>
			2. Develop methods of measurement on initiating comprehensive assessments in the pilot sites, assignment of reports, new reports, and determining repeat maltreatment..	07/03	08/02	<b>1<sup>st</sup> Quarter:</b> N-FOCUS Business Analyst’s Response Time Queries (specifically #3) measures the time difference from the Intake receive date and Initial Assessment begin date. The 8 Response Time Queries have been produced since August 2002.
			3. Revise data reports from N-FOCUS that assist supervisors and managers in tracking the initiation of comprehensive assessments, new reports and repeat maltreatment.	07/03	08/02	<b>1<sup>st</sup> Quarter:</b> N-FOCUS Response Time Query Reports are available that report on: 1) Time to Close all Intakes; 2) Time to close CAN Intakes; 3) Time to first contact; 4) Time to complete Initial Assessment; 5) Time to document Initial Assessment; 6) Time to Complete all allegation findings; 7) Time to complete Family Assessment for CAN reports; and 8) Time to complete Family Assessments for Delinquents/Status Offenders. The 8 Response Time Queries have been produced monthly since 08/09/02.

Action Steps	Lead Responsibility	Areas of Impact <sup>1</sup>	Benchmarks	Date Projected	Date Actual	Progress Report
			4. Policy implemented statewide to require supervisory approval of all intakes.	<del>11/03</del> 07/04		<b>1<sup>st</sup> Quarter:</b> Extension requested to 07/04. Feasibility issue. Nebraska identified need for additional staff to review “screened out” Intake Reports. Therefore, HHS will be establishing a temporary FTE with expertise in child maltreatment to review screened out reports. At this time, we believe that this temporary FTE will allow us to catch up with a backlog and possibly still use the identified method. HHS has also asked the NRC for Child Maltreatment to come to NE and do a case review on Intake Reports from July – November 2003 from the Omaha pilot test to offer findings and recommendations on screening and prioritization practices thus far with the new Intake Tool and process.
			5. Provide supervisors and managers with copies of reports on a monthly basis	12/03 and ongoing	08/02	<b>1<sup>st</sup> Quarter:</b> The Intake Summary Report is currently available on-line for all to view and use. 8 Response Time Queries that have been produced monthly since 08/09/02 and are routed as e-mail attachments to all P&S Supervisors/Administrators. Query #3 (Time to First Contact) includes measurement of priority responses for testing. The most recent report for the month of August 2003 shows that of the records used to calculate a measurement, 69.5% showed time to first contact within 5 days.  <b>2<sup>nd</sup> Quarter:</b> The response time queries continue to be reproduced and sent electronically to staff. Todd Reckling recently developed “summary sheets” showing the data in an aggregated format so that staff can more readily see information related to intake functions and use the data to move toward systemic improvement.
			6. On a quarterly basis, conduct case reviews on a sample of cases to determine if cases were defined as a new report correctly and if recurrent maltreatment results from the same circumstances or new circumstances.. Program staff from the Office of Protection and Safety will conduct case reviews. The sample will represent each Service Area and will be compiled by the Operations Team from	03/04		



Action Steps	Lead Responsibility	Areas of Impact <sup>1</sup>	Benchmarks	Date Projected	Date Actual	Progress Report
			the Office of Protection and Safety.			
			6. Develop and implement standardized supervisor oversight process to monitor compliance with initiating comprehensive assessments in a timely manner. Process will include time frames for supervisor's reconciliation of reports, and timeframe for development of corrective action plan.	<del>11/03</del> 07/0/4		<p><b>1<sup>st</sup> Quarter:</b> Extension requested to 07/04. Protection and Safety Administrators are responsible for oversight regarding supervisors and the assignment of Intake Reports to the assessment units. New QA administrator hired in October. The 3 QA Unit Managers (1 for each of the service areas) were advertised for the weekend of November 22-23. The QA administrator is starting to work with the CCP team to develop measurement standards on the different case functions such as Intake, Assessment, Case Planning, etc. QA will also work with the "proactive supervision" initiative to identify areas best monitored through direct supervision.</p> <p>A major initiative emerged from the CCP process. This is "proactive supervision" that is modeled after a project in Hamilton County Ohio. The same person who provided assistance in getting that project operational is working with HHS to implement it in Nebraska. One significant factor involved in the proactive supervision is that the supervisors routinely review a consistent set of factors regarding cases and this may include this particular compliance issue. The proactive supervisor process in Nebraska includes the following activities:  <b>February 25-27, April 7-8, May 28-30, July 15-17-2003</b> CCP Team received several presentations on proactive supervision and material from the National Resource Center consultant, Carole Smith who worked with Hamilton Co, Ohio and continues to work with the NE supervisors  <b>March 2003</b> Supervisor workgroup members named by Protection and Safety Administrators; members asked to respond to survey tool describing in detail their tasks and time spent on each in order to get baseline of current supervisory duties in Nebraska.  <b>5/16/03</b> First supervisory workgroup meeting in Kearney all day; involved 8 supervisors representing all three service areas, and key Central Office staff from Program and Human Resources, and Michelle Graef/Megan Potter from UNL-CCFL; discussed supervisory role in intake process and time in current activities, re-prioritization of supervisor's time.</p>

Action Steps	Lead Responsibility	Areas of Impact <sup>1</sup>	Benchmarks	Date Projected	Date Actual	Progress Report
						<p><b>5/29/03</b> (at CCP meeting) Supervisor workgroup was formally requested to examine Carole Smith's proactive structured supervision model and make recommendations regarding possible implementation in Nebraska.</p> <p><b>6/23/03</b> All day Supervision Group meeting in Kearney. Time spent learning about the model, and included a conference call with Carole Smith for approximately 1 hour during the meeting. Continued discussion of current supervisory practice in Nebraska and challenges faced in implementing change.</p> <p><b>7/15, 16, 17-2003</b> (at CCP meeting) Discussions of model, additional presentation by Carole Smith, discussion of plan for implementation of model in Nebraska.</p> <p><b>7/18/03</b> Meeting of supervisor workgroup all day in Kearney. Worked with Carole Smith to learn more about proactive supervision. Carole created a genogram on a local Nebraska case. This was a major turning point in the project, and generated much excitement and enthusiasm among all team members.</p> <p><b>7/20/03 – 8/10/03</b> Determined that subgroup of NE supervisor's workgroup should go to Hamilton County, Ohio to experience proactive supervision first-hand.</p> <p><b>8/12 &amp; 13, 2003</b> Four Nebraska supervisors traveled to Hamilton County, OH to learn more about proactive structured supervision from their supervisors, with on-site facilitation provided by Carole Smith.</p> <p><b>8/18 &amp; 19, 2003</b> Supervisor workgroup meeting in Kearney. The four workgroup members who traveled to Ohio brought back information and enthusiastically shared what they'd learned with the rest of the group. The team worked on adaptation of the Ohio forms they had brought back, and discussed how the process would work in Nebraska. Developed and presented recommendations for the implementation next steps and supports needed to the Protection and Safety Administrators Team, which was meeting in Kearney at the same time.</p> <p><b>9/3 &amp; 4, 2003</b> CCP meeting in Kearney. Continued work with Carole Smith on implementation of proactive supervision in Nebraska. Michelle Graef meeting in evening with Carole Smith and Mary Osborne to discuss issues in implementation.</p>

Action Steps	Lead Responsibility	Areas of Impact <sup>1</sup>	Benchmarks	Date Projected	Date Actual	Progress Report
						<p><b>9/5/03</b> Supervisor workgroup meeting in Kearney. Follow-up from CCP meeting. Information from Todd Reckling and Michelle Eby regarding comprehensive assessment and integration of this with proactive supervision model. Continued work on forms for Nebraska and planning for presentation at Supervisors' statewide conference to be held in October.</p> <p><b>9/17 &amp; 18, 2003</b> Carole Smith here for consultation in Kearney with supervisor workgroup all day on 18th. Michelle Graef/Megan Potter meeting with Carole in evening of 17<sup>th</sup> with some of the supervision workgroup members. Continued the group's learning about the model. Modification of some of the draft forms. Developed strategy and presentation for upcoming supervisor's conference. Discussed next steps in implementation.</p> <p><b>10/7 &amp; 8, 2003</b> Statewide Supervisor's Conference in Omaha. Carole Smith and 5 supervisors from Hamilton County, Ohio traveled to Nebraska and did presentations to all NE supervisors about proactive supervision including demonstration of a genogram and clinical case review process. The eight supervisor members of the workgroup participated in panel discussions and small group breakout sessions to facilitate rest of the state's supervisor introduction to the concepts of the model and to answer their questions.</p> <p><b>2<sup>nd</sup> Quarter:</b> The Supervisory workgroup has continued to meet throughout this second quarter and they continue to discuss the role and responsibility of the supervisor during the intake process and throughout the life of a case. The workgroup is also revising the current initial and ongoing training for workers and supervisors. Todd Reckling attended a meeting with the group on January 30, 2004. Mary Osborne, Todd Reckling and Jana Peterson discussed with the group the information they heard from the CEO's and Al Jensen on January 27 &amp; 28, 2004. The direction is that the supervisor training needs to be given priority. The workgroup has draft products for worker and supervisor training and is developing a draft regarding the expectations for supervisors. Jana Peterson presented this information at the chartered NFP</p>

Action Steps	Lead Responsibility	Areas of Impact <sup>1</sup>	Benchmarks	Date Projected	Date Actual	Progress Report
						<p>meeting on February 10, 2004.</p> <p>The supervision/management dimension of the intake system revision will receive new emphasis now that Jana Peterson (of the supervisory workgroup) has become one of the intake liaisons working on revising the intake system.</p>
			7. Develop and implement a corrective action plan for areas not meeting practice standards based on QA protocol. Plans will be developed by PSAs for their areas and submitted to the Administrator of the Office of Protection and Safety.	01/04 and ongoing	2/04	<p><b>1<sup>st</sup> Quarter:</b> The QA Administrator as well as the newly hired QA Unit Managers will be working with the Protection and Safety Administrators and key Central Office personnel to develop and implement “corrective action plans” to increase compliance with standards. The new role of the proactive supervisor will also promote implementation of corrective action plans and oversight to monitor their progress.</p> <p><b>2<sup>nd</sup> Quarter:</b> The intake system revision project is the pilot project for development and implementation of corrective action plans according to QA protocol. For more progress-report detail on this Action Step, refer to Item 1, Action Step 1.1-Strengthening Intake Policy.</p> <p>The intake liaisons are meeting weekly and have the mission of planning and accomplishing corrective action for the intake system. In their first meeting (2/20/04), the liaisons approved the draft six-step corrective action plan, which was based on the preliminary results of the intake system assessment (which included the Omaha case reads) and based on direction from upper management.</p>

Action Steps	Lead Responsibility	Areas of Impact <sup>1</sup>	Benchmarks	Date Projected	Date Actual	Progress Report
			8. Measurement of progress will be through N-FOCUS reports:  45 % of comprehensive assessments will be initiated within required timeframes.	01/04 04/04		<b>1<sup>st</sup> Quarter:</b> Request extension to 4/04. We have just implemented the new intake procedures statewide in 12/03. Based on the Omaha test site and the increased attention to child safety (Child Death Media) the number of intakes received has doubled in some areas and those accepted for assessment have also increased. At this time we are trying to address the staff resource issues that this has caused. We currently only have the same number of staff to work on assessments as we did prior to implementation of the new intake process, although the Eastern Service Area have shifted some personnel and the other two service areas are thinking about how to shift personnel but it is premature since the new intake process initiated on 12/03. The current "Response Time Queries" Query #3 (Time to First Contact) includes measurement of priority responses for testing.  <b>2<sup>nd</sup> Quarter:</b> Statewide baseline established in 7/03 at 42.4%. 8/03 – 37.9%, 9-03 – 42.9%, 10/03 – 42.8%.
			9. 65% of comprehensive assessments will be initiated within required timeframes.	07/04 01/05		<b>1<sup>st</sup> Quarter:</b> Request Extension to 1/05
			10. 85% of comprehensive assessments will be initiated within required timeframes.	07/05		

## Item 2. Repeat maltreatment

**Goal Negotiated Measure: % of Improvement:** By 7-1-05 the incidence of repeat maltreatment will be maintained at 6% or below.

**Baseline:** (NCANDS data indicates incidence rates were: 1999 at 4.58%; 2000 at 7.57%; and 2001 at 5.5%). **2002 Data: 4.7%**

**Method of Measuring Improvement:** NCANDS report analysis

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
2.1 Strengthen policy and practice on the use of comprehensive assessment: <ul style="list-style-type: none"> <li>throughout the life of a case including</li> </ul>	Todd Reckling	Item 2. Repeat Maltreatment. (2.1., 2.3., 2.4.) S2 Children Maintained Safely at Home	1. Policy developed in collaboration with the National Resource Center for Child Maltreatment and Family Centered Practice.	07/03 07/04		<b>1<sup>st</sup> Quarter:</b> Extension requested to 07/04. The CCP team decided the parameters for what they felt the comprehensive assessment needed to accomplish based on a family centered approach. Comprehensive Assessment issues were discussed at CCP group meetings 1, 2, 3, 4, and 5 with NRC's for Family Centered practice and Child

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
<p>risk and safety issues.</p> <ul style="list-style-type: none"> <li>• for children who have experienced maltreatment by an out of home care provider including required follow-up actions</li> <li>• to ensure timely service provision during the comprehensive assessment</li> <li>• to assure quality and timely assessments that address children's critical relationships and connections;</li> <li>• to assess the needs of the entire family.</li> </ul>		<p>3.1., 3.4.);</p> <p><i>Item 14</i> Preserving Connections (14.2);</p> <p><i>Item 15</i> Relative Placement;</p> <p>Item 17, Needs and services of child, parents, and foster parents. (17.1.)</p>				<p>Maltreatment represented at each of these meetings. CCP Leads (Todd Reckling and Michelle Eby co-leads for CCP Initiative) also met with Cathy Welsh from the Child Maltreatment NRC on July 31 and August 02 in Omaha to discuss safety and risk issues for the comprehensive assessment. CCP Leads met with Janyce Fenton from NRC for Foster Care and Permanency Planning on August 08 in Kearney to discuss the comprehensive assessment and how to do case planning from the assessment. CCP Leads worked with two designated supervisors, one from the ESA, Carla Crook, and one from the CSA (Northern Tier), Sharyn Hjorth to develop the comprehensive assessment details for use initially and ongoing in a case with particular attention given at all times to continuous assessment of safety and risk factors. This small workgroup group met the weeks of June 17-20 and June 23-27 in Columbus, NE and in Lincoln. CCP Leads have continued to work on the comprehensive assessment from August-current. The comprehensive assessment is not yet finalized.</p> <p><b>2<sup>nd</sup> Quarter:</b> (The following comments refer to all benchmarks of this Action Step.)</p> <p>The chartered NFP workgroup did not meet during the months of December 2003 and January 2004 as the Service Area CEO's, Dennis Loose, Deputy Director, and Al Jensen were diligently working to make some adjustments to the process and decision-making related to reform efforts. The CEO's desired to be more informed in the reform initiatives and wanted to make certain that with the current budget issues, staffing issues, child death task force, intake reform, etc. that the initiative currently outlined were the most effective, efficient, and responsive.</p> <p>In the first and second quarters the QA Administrator (Quality Assurance Administrator) conducted two formal training sessions on strategic QA concepts to the entire central office staff, and several informal individual training sessions with the Director, Chief Deputy Director, Administrator, and the CEOs. The focus of this training was the QA stability concept for organizational improvement. In short, "QA stability" means controlling system changes in</p>

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
						<p>order to stabilize quality systems, which is often a necessary first step to make real improvement possible. On January 27 &amp; 28, 2004, Todd Reckling presented an overview of the concepts of comprehensive assessment and family-centered practice to the CEO's, Dennis Loose, Al Jensen, and training Department members. The general concepts of family-centered practice were approved, but to bring about greater organizational system stability the redesign efforts for "comprehensive assessment" will now be scaled back to some degree and reframed as a revision or enhancement of the current "initial assessment" system. Rather than trying to redesign and implement totally new assessment tools and processes, it was determined that the comprehensive assessment would focus on the family-center key issues and those issues would be incorporated into the current tools and practice as much as possible. This will allow for the opportunity for assessments to be improved without introducing drastic changes that could undermine the benefits of improvement. Key principles such as family involvement, strength-based, holistic, family and community oriented will be wrapped into the current work. For continuity of communication; however, we will continue to call this sub-project "comprehensive" assessment.</p> <p>Todd Reckling also presented these ideas about comprehensive assessment to the chartered NFP meeting on February 10. The PSA's/RDA's were supportive as well that the comprehensive assessment needed to be scaled back.</p> <p>Meetings scheduled for December 2003, January and February 2004 were cancelled as there was a need for CEO approval of the change direction.</p>
			2. Training developed in collaboration with HHS Training, University of Nebraska Center for Children, Families, and the Law (CCFL) and National Resource Centers.	<del>10/03</del> 07/04		<p><b>1<sup>st</sup> Quarter:</b> Extension requested 07/04. Todd Reckling and Michelle Eby –co-leads for CCP initiative, have been meeting with the HHS Training Unit regarding the Comprehensive Assessment during the months of August-October, 2003. In order to facilitate collaboration, training staff from CCFL and HHS designated as being responsible for future training on the comprehensive assessment were</p>

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
						present at these meetings. Trainers present were as follows: Sandy Carmichael, Brian Poppe, Shelley Johnson, Paulette Wathen, and Mary Osborne. The Trainers were trained on Family Centered Practice “Wrap Around” Principles and approaches on August 14, 2003. The trainers also met or had calls with Todd Reckling and Michelle Eby co-leads for CCP Initiative on numerous occasions throughout the months of August, September and October to discuss the new conceptual design for the comprehensive assessment and to begin to design training curricula. Training on the comprehensive assessment conceptual designs were delivered to the supervisors from the designated test sites on October 29, and November 19, 2003. Mary Osborne, lead for the HHS training unit, was present at the CCP meetings where the new vision for the comprehensive assessment was discussed. Changes continue to be made to the comprehensive assessment and the actual tool has not yet been finalized. CCP Leads presented on the comprehensive assessment concepts at the Supervisor’s Conference in Omaha on October 08, 2003.
			3. Train staff on written policy. Training to be conducted by managers and supervisors.	<del>11/03</del> 07/04		<b>1<sup>st</sup> Quarter:</b> Extension requested 07/04. The Trainers were trained on Family Centered Practice and the new policy/guidebook ideas and practice ideas on August 14 in Lincoln, NE. The Supervisors that have been identified for the test pilot sites for the comprehensive assessment have started to receive training on the comprehensive assessment. Training with the supervisors occurred on October 29, and November 19. The next meeting dates between the Comprehensive Assessment Implementation Team, Trainers and CCP Leads are scheduled for January 8 and 29, and February 18 and 19, 2004. Central Office program specialists that will be working with programs impacted by the comprehensive assessment will be included in the comprehensive assessment training and family centered practice training that is being scheduled for sometime in January 2004.
			4. Completed training sign in sheets will be submitted to the PSA for the staff in that area.	<del>11/03</del> 07/04		<b>1<sup>st</sup> Quarter:</b> Extension requested 07/04
			5. Written policy disseminated through Administrative Memo	<del>11/03</del> 07/04		<b>1<sup>st</sup> Quarter:</b> Extension requested 07/04
			6. Policy implemented statewide.	<del>11/03</del>		<b>1<sup>st</sup> Quarter:</b> Extension requested 07/04



Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
				07/04		
2.2 Design and implement methods for measuring compliance with comprehensive assessment policy 2.1.	Quality Assurance Administrator	Item 2. Repeat Maltreatment. (2.2, 2.5.) S2. Children maintained safely at home (3.5., 3.6.) Item 14. Preserving connections (14.3) Item 17, Needs and services (17.2)	1. Determine methods for measurement including the potential use of N-FOCUS and/or case reads.	12/03	12/03	<p><b>1<sup>st</sup> Quarter:</b> A case read will be necessary. We will need to do a quality assurance measure on the comprehensive assessments through a case read and not through an N-FOCUS report. The measurement of maltreatment, safety and risk within a completed comprehensive assessment will have to be measured by its quality and ability to adequately identify and address safety and risk rather than just measure that the task of completing the assessment was done. Todd Reckling will work with Cathy Welsh from the NRC for Child Maltreatment to design and schedule a case read on the comprehensive assessments.</p> <p><b>2<sup>nd</sup> Quarter:</b> (This following progress reporting relates to all benchmarks of this Action Step.) The case-read assessment of the intake system serves as a pilot project for the methods for measuring compliance with comprehensive assessment. We will replicate this measurement method as well as continue to use N-FOCUS reports for measurement evaluation and system improvement of comprehensive assessment. For more progress-report detail on this Action Step, refer to Item 1, Action Step 1.1-Strengthening Intake Policy.</p>
			2. Develop and implement standardized supervisor oversight process for measuring compliance with assessment including risk and safety policies. Process will include time frames for supervisor's reconciliation of reports, and timeframe for development of corrective action plan	<del>11/03</del> 07/04		<p><b>1<sup>st</sup> Quarter:</b> Extension requested 07/04. The Ongoing Supervisor is responsible to make sure all accepted Intake Reports are complying with the policy on out-of-home assessments. Supervisors will be able to use the N-FOCUS report to monitor how many out-of-home assessments reports are being completed by staff on any child victim in an out-of-home placement. The Comprehensive Assessment Implementation Team has reviewed this policy in November 2003, but it is not yet finalized. The Protection and Safety Administrators from each of the service areas is responsible for making sure the supervisors are correctly monitoring out-of-home assessments. The PSA can eventually use the monthly N-FOCUS report to begin to measure compliance and improvement progress once these reports are developed in N-FOCUS. Protection and Safety Administrators are responsible for oversight regarding supervisors and the assignment of out-of-home. The New QA administrator was hired in October. The 3 QA Unit Managers (1 for each of the service areas) were</p>

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
						<p>advertised for the weekend of November 22-23. The QA administrator will be working with the CCP team to develop measurement standards Out-of-Home maltreatment reports. QA will also work with the “proactive supervision” initiative to identify areas best monitored through direct supervision.</p> <p>A major initiative emerged from the CCP process. This is “proactive supervision” that is modeled after a project in Hamilton County Ohio. The same person who provided assistance in getting that project operational is working with HHS to implement it in Nebraska. One significant factor involved in the proactive supervision is that the supervisors routinely review a consistent set of factors regarding cases and this may include this particular compliance issue. The proactive supervisor process in Nebraska includes the following activities:</p> <p><b>February 25-27, April 7-8, May 28-30, July 15-17, 2003</b> CCP Team received several presentations on proactive supervision and material from the National Resource Center consultant, Carole Smith who worked with Hamilton Co, Ohio and continues to work with the NE supervisors</p> <p><b>March 2003</b> Supervisor workgroup members named by Protection and Safety Administrators; members asked to respond to survey tool describing in detail their tasks and time spent on each in order to get baseline of current supervisory duties in Nebraska.</p> <p><b>5/16/03</b> First supervisory workgroup meeting in Kearney all day; involved 8 supervisors representing all three service areas, and key Central Office staff from Program and Human Resources, and Michelle Graef/Megan Potter from UNL-CCFL; discussed supervisory role in intake process and time in current activities, re-prioritization of supervisor’s time.</p> <p><b>5/29/03</b> (at CCP meeting) Supervisor workgroup was formally requested to examine Carole Smith’s proactive structured supervision model and make recommendations regarding possible implementation in Nebraska.</p> <p><b>6/23/03</b> All day Sarpv. Group meeting in Kearney. Time spent learning about the model, and included a conference call with Carole Smith for approximately 1 hour during the meeting. Continued discussion of current supervisory</p>

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
						<p>practice in Nebraska and challenges faced in implementing change.</p> <p><b>7/15, 16, 17-2003</b> (at CCP meeting) Discussions of model, additional presentation by Carole Smith, discussion of plan for implementation of model in Nebraska.</p> <p><b>7/18/03</b> Meeting of supervisor workgroup all day in Kearney. Worked with Carole Smith to learn more about proactive supervision. Carole created a genogram on a local Nebraska case. This was a major turning point in the project, and generated much excitement and enthusiasm among all team members.</p> <p><b>7/20 – 8/10, 2003</b> Determined that subgroup of NE supervisors workgroup should go to Hamilton County, Ohio to experience proactive supervision first-hand.</p> <p><b>8/12 &amp; 13, 2003</b> Four Nebraska supervisors traveled to Hamilton County, OH to learn more about proactive structured supervision from their supervisors, with on-site facilitation provided by Carole Smith.</p> <p><b>8/18 &amp; 19, 2003</b> Supervisor workgroup meeting in Kearney. The four workgroup members who traveled to Ohio brought back information and enthusiastically shared what they'd learned with the rest of the group. The team worked on adaptation of the Ohio forms they had brought back, and discussed how the process would work in Nebraska. Developed and presented recommendations for the implementation next steps and supports needed to the Protection and Safety Administrators Team, which was meeting in Kearney at the same time.</p> <p><b>9/3 &amp; 4, 2003</b> CCP meeting in Kearney. Continued work with Carole Smith on implementation of proactive supervision in Nebraska. Michelle Graef meeting in evening with Carole Smith and Mary Osborne to discuss issues in implementation.</p> <p><b>9/5/03</b> Supervisor workgroup meeting in Kearney. Follow-up from CCP meeting. Information from Todd Reckling and Michelle Eby co-leaders of the CCP Initiative regarding comprehensive assessment and integration of this with proactive supervision model. Continued work on forms for Nebraska and planning for presentation at Supervisors' statewide conference to be held in October.</p> <p><b>9/17 &amp; 18, 2003</b> Carole Smith here for consultation in Kearney with supervisor workgroup all day on 18th.</p>

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
						<p>Michelle Graef/Megan Potter meeting with Carole in evening of 17<sup>th</sup> with some of the supervision workgroup members. Continued the group's learning about the model. Modification of some of the draft forms. Developed strategy and presentation for upcoming supervisor's conference. Discussed next steps in implementation.</p> <p><b>10/7 &amp; 8, 2003 Statewide Supervisor's Conference</b> in Omaha. Carole Smith and 5 supervisors from Hamilton County, Ohio traveled to Nebraska and did presentations to all NE supervisors about proactive supervision including demonstration of a genogram and clinical case review process. The eight supervisor members of the workgroup participated in panel discussions and small group breakout sessions to facilitate rest of the state's supervisor's introduction to the concepts of the model and to answer their questions.</p> <p><b>2<sup>nd</sup> Quarter:</b> For more progress-report detail on this Action Step, refer to Item 2, Action Step 2.1-Strengthening Policy and Practice on the use of comprehensive assessment.</p>
			3. Conduct case reviews on a sample of cases to determine the quality and timeliness of comprehensive assessments. Program staff from the Office of Protection and Safety will conduct case reviews. The sample will represent each Service Area and will be compiled by the Operations Team from the Office of Protection and Safety. Frequency of case reviews is based on QA protocols	03/04		
			4. Provide supervisors and managers with reports based on the method of measurement.	<del>12/03</del> 07/04		<b>1<sup>st</sup> Quarter:</b> Extension requested 07/04
			5. Establish baseline in complying with assessment policies including timely assessments.	<del>03/04</del> 07/04		<b>1<sup>st</sup> Quarter:</b> Extension requested 07/04
			6. Establish targeted improvements based on baseline, including timely	<del>03/04</del> 07/04		<b>1<sup>st</sup> Quarter:</b> Extension requested 07/04

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
			assessments.			
			7. Develop and implement a corrective action plan for areas not meeting practice standards based on QA protocol. Plans will be developed by PSAs for their areas and submitted to the Administrator of the Office of Protection and Safety.	03/04 07/04 and ongoing		1 <sup>st</sup> Quarter: Extension requested 07/04

**Outcome S2: Children are safely maintained in their homes whenever possible and appropriate.**

**GOAL:** By 12/31/04, Nebraska will increase their ability from 88.67 to 90% to maintain children safely in their homes whenever possible and appropriate.

**Evaluation method:** N-FOCUS

**Baseline:** 88.67% established during the CFSR

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
3.1 Use N-FOCUS report that tracks the timeframe between the beginning of comprehensive assessment and the provision of services.	Todd Reckling	S2. Children are safely maintained in their home. (3.2)	1. Provide supervisors and managers with report on monthly basis	12/03 07/04		1 <sup>st</sup> Quarter: Extension requested 07/04. Currently, the Response Time queries measure, among other things, the time to: (1) initiate Assessment {"Intake Rec'd Date" and "Assessment Begin Date"} and (2) complete Assessment {"Intake Rec'd Date" and "Assessment End Date"}. The report can be enhanced to identify when a service was initiated. Discussions and decisions will need to occur regarding what is acceptable to be measured as a service (i.e. whether it has to be a formal service versus an informal service).

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
			2. Establish baseline that tracks the timeframes between the beginning of assessment and the provision of services.	<del>12/03</del> 07/04		<b>1<sup>st</sup> Quarter:</b> Extension requested 07/04. Service provision is currently collected in NCANDS, but additional analysis is needed to perfect its collection.
			3. Establish targeted improvements based on baseline	<del>12/03</del> 07/04		<b>1<sup>st</sup> Quarter:</b> Extension requested 07/04
			4. Develop and implement a corrective action plan for areas not meeting practice standards based on QA protocol. Plans will be developed by PSAs for their areas and submitted to the Administrator of the Office of Protection and Safety.	<del>12/03</del> 07/04 -and ongoing		<b>1<sup>st</sup> Quarter:</b> Extension requested 07/04

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
3.2 Strengthen HHS, law enforcement and county attorney use of the local 1184 teams to address issues of child safety.	Chris Hanus	S2 Children are safely maintained in their own homes. (3.3.)	1. Disseminate 1184 survey conducted by CCFL to Protection and Safety Administrators	07/03	12/03	<p><b>1<sup>st</sup> Quarter:</b> The 1184 (abbreviated name for county level multi disciplinary investigation and treatment teams) survey report was disseminated to Protection and Safety Administrators and the County Attorneys in 12/03. The 1184 survey report was also distributed to the Children’s Task Force members in November 2003. (See attached report.) The report shows that mandated 1184 Investigative and Treatment Teams are not functioning in all 93 counties.</p> <p><b>2 “Quarter:</b> The Governor’ Children’s Task Force completed its work in December 2003. One of its recommendations was to “Require a multidisciplinary approach to the investigation of child maltreatment reports by strengthening the LB 1184 teams through funding for coordination, training and operating expenses for teams.” In describing this recommendation, the Task Force recommended: identifying the Child Advocacy Centers across the state as central coordinating agencies where feasible; collaboration between the Advocacy Centers and the University of Nebraska Center for Children, Families and the Law for training; and a recommendation to the Legislature to consider options for holding county attorneys accountable for implementing the LB 1184 teams as required by statute. The Governor’s priorities in response to the Task Force presented in his budget request during the current session include funding for a Coordinator position within each of the state’s Child Advocacy Centers. Continued funding will be provided to CCFL for training of 1184 team members.</p>

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
			2. Collaborate with Nebraska Children and Families Foundation 1184 teams on strategies to improve communication, to prevent unnecessary removal of children from their homes and guarantee team assessments of safety when necessary.	9/03	9/03	<p><b>1<sup>st</sup> Quarter:</b> The Governor's Children's Task Force has been looking at the operation of the 1184 teams during the months of October and November 2003. The Task Force will be making recommendations to the Governor in December 2003 regarding the future functioning of the 1184 Teams and how to get all counties involved with active teams.</p> <p><b>2<sup>nd</sup> Quarter:</b> Training meetings have occurred in McCook, Norfolk and Kearney. Meetings are scheduled for Mahoney Park (June 3) and Alliance (August 5). The agenda for those meetings is attached. Approximately 75 team members have attended the first three meetings. CCFL has attended team meetings and provided technical assistance in Dawes, Box Butte, and Garden County. At those three team meetings, information was provided regarding the purpose of multidisciplinary teams, described team dynamics and the typical stages in team formation, provided ideas to improve team function, and provided guidance to the teams for their protocols. Additionally, CCFL has attended several Lancaster County team meetings, and assisted that team with drafting their mission statement, improving communications, provided ideas for productive team meetings, and assisted in the team's review of its protocol. That review process is ongoing and we anticipate attending more meetings with the Lancaster County team.</p> <p>CCFL is in the preliminary stages of designing web site to disseminate information to teams and to provide a web-based method of inter-team communication is occurring.</p> <p>CCFL is assisting the Crime Commission in the process of obtaining the annual reports from teams as required by statute.</p> <p>CCFL is assisting the Nebraska Children and Families Foundation in the dissemination of grants to the teams.</p>



Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
			3. Communicate with county attorneys regarding the findings of the 1184 evaluation to determine possible local actions to strengthen the 1184 teams.	10/03	12/03	<b>1<sup>st</sup> Quarter:</b> The 1184 survey report was disseminated to the County Attorneys in 12/03. <b>2<sup>nd</sup> Quarter:</b> Refer to update in 2 <sup>nd</sup> Quarter report in 3.2.2
3.3 Strengthen policy to mandate monthly worker visits at a minimum or more frequently based on identified needs with children, bio-families, and providers to : <ul style="list-style-type: none"> <li>• Ensure the safety , well being and permanency of children;</li> <li>• Assure timely progress towards permanency;</li> <li>• With out of home care providers</li> <li>• Ensure quality of visits.</li> </ul>	Margaret Bitz	S2- Children are maintained safely at home, (3.7.) <i>Item 6</i> -Stability of foster placement (6.5.), <i>Item 9</i> - Adoption (9.9.), Child/family involvement in case planning (19.1), <i>Item 20</i> - Worker visits w/ child (20.1), <i>Item 30</i> - Standards ensuring quality services protect children (30.1)	1. Policy developed by HHSS.	09/02	08/02	<b>1<sup>st</sup> Quarter:</b> In July & August 2002 policy mandating a minimum of monthly contact between a worker & youth, parent and out of home care provider was developed. 08-30-2002 a Program Memo was issued requiring staff to have monthly in-home contact with state wards. 10-30-02 a revised Program Memo was issued which clarified specifics regarding monthly contacts with youth.  <b>2<sup>nd</sup> Quarter:</b> The Program Memo containing the policy is being included in a regulation change that is being scheduled for public hearing, April, 2004.
			2. Training developed by HHS Staff.	09/02	09/02	<b>1<sup>st</sup> Quarter:</b> 09-02 Supervisors and administrative staff were asked to review this memo with staff, outline the front line work issues and how to enter the information on the data system. The Training Unit incorporated this policy into their new worker and on-going training.
			3. Train staff on written policy. Training to be conducted by managers and supervisors.	09/02	09/02	<b>1<sup>st</sup> Quarter:</b> 09/02 Supervisors and administrative staff reviewed this memo with staff, outlined the front line work issues and how to enter the information on the data system. The Training Unit incorporated this policy into their new worker and on-going training.
			4. Written policy disseminated through Administrative Memo.	09/02	09/02	<b>1<sup>st</sup> Quarter:</b> 08/02 Administrative Memo sent to staff outlining the new policy.

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
			5. Policy implemented statewide.	09/02	09/02	<b>1<sup>st</sup> Quarter:</b> 08/02 Policy Implemented statewide based on the Administrative memo sent 08-02. Implementation was effective immediately so that all youth had their first required monthly contact by 09-30-2002.
3.4 Develop and implement methods to monitor visitation policy 3.3. including quality of visits	Margaret Bitz	<i>S2- Children</i> are maintained safely at home, (3.8.) <i>Item 6</i> -Stability of foster placement (6.6.), <i>Item 9-</i> Adoption (9.10.), <i>Item 19-</i> Child/family involvement in case planning (19.2), <i>Item 20-</i> Worker visits w/ child (20.2), <i>Item 30</i> - Standards ensuring quality services protect children (30.2)	1. Develop N-FOCUS reports that assist supervisors and managers in tracking visitation with children and families.	11/02	11/02	<b>1<sup>st</sup> Quarter:</b> 11/02 reports were developed for staff, supervisors and managers to track monthly contact with youth and families.
			2. Provide supervisors and managers with report on monthly basis	11/02	11/02	<b>1<sup>st</sup> Quarter:</b> 11/02 reports are sent to staff, supervisors and managers monthly.
			3. Develop and implement standardized supervisor oversight process to monitor compliance with worker visits with children and families. Process will include time frames for supervisor's reconciliation of reports, and timeframe for development of corrective action plan	0703	7/03	<b>1<sup>st</sup> Quarter:</b> Each month the Deputy Administrator forwards a tracking report to supervisors and administrators. This report outlines the youth who have had a contact for the month in question and those who have not. Supervisors and administrators are notified at that time the 'due' date to have this information added to the data system in order for the 'contact' to count.  The Deputy Administrator also forwards monthly reports outlining the status for the month regarding compliance. If the monthly percentage has not equaled or exceeded the previous month numbers, a corrective action plan is developed to ensure that we are working towards meeting the goal of 90% compliance. This corrective action plan

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
						<p>may be done at any level within the organization.</p> <p>A major initiative emerged from the CCP process. This is “proactive supervision” that is modeled after a project in Hamilton County Ohio. The same person who provided assistance in getting that project operational is working with HHS to implement it in Nebraska. One significant factor involved in the proactive supervision is that the supervisors routinely review a consistent set of factors regarding cases and this may include this particular compliance issue. The proactive supervisor process in Nebraska includes the following activities:</p> <p><b>February 25-27, April 7-8, May 28-30, July 15-17-2003</b> CCP Team received several presentations on proactive supervision and material from the National Resource Center consultant, Carole Smith who worked with Hamilton Co, Ohio and continues to work with the NE supervisors.</p> <p><b>March 2003</b> Supervisor workgroup members named by Protection and Safety Administrators; members asked to respond to survey tool describing in detail their tasks and time spent on each in order to get baseline of current supervisory duties in Nebraska.</p> <p><b>5/16/03</b> First supervisory workgroup meeting in Kearney all day; involved 8 supervisors representing all three service areas, and key Central Office staff from Program and Human Resources, and Michelle Graef/Megan Potter from UNL-CCFL; discussed supervisory role in intake process and time in current activities, re-prioritization of supervisor’s time.</p> <p><b>5/29/03</b> (at CCP meeting) Supervisor workgroup was formally requested to examine Carole Smith’s proactive structured supervision model and make recommendations regarding possible implementation in Nebraska.</p> <p><b>6/23/03</b> All day Sarpy. Group meeting in Kearney. Time spent learning about the model, and included a conference call with Carole Smith for approximately 1 hour during the meeting. Continued discussion of current supervisory practice in Nebraska and challenges faced in implementing change.</p> <p><b>7/15, 16, 17-2003</b> (at CCP meeting) Discussions of model, additional presentation by Carole Smith, discussion of plan for implementation of model in Nebraska.</p>

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
						<p><b>7/18/03</b> Meeting of supervisor workgroup all day in Kearney. Worked with Carole Smith to learn more about proactive supervision. Carole created a genogram on a local Nebraska case. This was a major turning point in the project, and generated much excitement and enthusiasm among all team members.</p> <p><b>7/20 – 8/10-2003</b> Determined that subgroup of NE supervisors workgroup should go to Hamilton County, Ohio to experience proactive supervision first-hand.</p> <p><b>8/12 &amp; 13-2003</b> Four Nebraska supervisors traveled to Hamilton County, OH to learn more about proactive structured supervision from their supervisors, with on-site facilitation provided by Carole Smith.</p> <p><b>8/18 &amp; 19-2003</b> Supervisor workgroup meeting in Kearney. The four workgroup members who traveled to Ohio brought back information and enthusiastically shared what they'd learned with the rest of the group. The team worked on adaptation of the Ohio forms they had brought back, and discussed how the process would work in Nebraska. Developed and presented recommendations for the implementation next steps and supports needed to the Protection and Safety Administrators Team, which was meeting in Kearney at the same time.</p> <p><b>9/3 &amp; 4-2003</b> CCP meeting in Kearney. Continued work with Carole Smith on implementation of proactive supervision in Nebraska. Michelle Graef meeting in evening with Carole Smith and Mary Osborne to discuss issues in implementation.</p> <p><b>9/5/03</b> Supervisor workgroup meeting in Kearney. Follow-up from CCP meeting. Information from Todd Reckling and Michelle Eby co-leaders of the CCP Initiative regarding comprehensive assessment and integration of this with proactive supervision model. Continued work on forms for Nebraska and planning for presentation at Supervisors' statewide conference to be held in October.</p> <p><b>9/17 &amp; 18-2003</b> Carole Smith here for consultation in Kearney with supervisor workgroup all day on 18th. Michelle Graef/Megan Potter meeting with Carole in evening of 17<sup>th</sup> with some of the supervision workgroup members. Continued the group's learning about the model. Modification of some of the draft forms. Developed strategy and presentation for upcoming supervisor's</p>

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
						conference. Discussed next steps in implementation. <b>10/7 &amp; 8-2003</b> Statewide Supervisor's Conference in Omaha. Carole Smith and 5 supervisors from Hamilton County, Ohio traveled to Nebraska and did presentations to all NE supervisors about proactive supervision including demonstration of a genogram and clinical case review process. The eight supervisor members of the workgroup participated in panel discussions and small group breakout sessions to facilitate rest of the state's supervisor's introduction to the concepts of the model and to answer their questions.
			4. Establish baseline and targeted improvements to monitor that workers have monthly contact at a minimum with every child and family.	07/03	2/04	<b>1<sup>st</sup> Quarter:</b> 03/04 extension requested. QA staff is not yet on board to assist in developing a formal process.  <b>2<sup>nd</sup> Quarter:</b> Baselines were established from existing data. Baselines established from July 2003 data. Visits with Children: 68% Visits with Parents: 36% Visits with Providers: 53%  Targeted improvements for the next year: Visits with Children: 73%Visits with Parents: 41% Visits with Providers: 58%
			5. Develop and implement a corrective action plan for areas not meeting practice standards based on QA protocol. Plans will be developed by PSAs for their areas and submitted to the Administrator of the Office of Protection and Safety.	07/03 and ongoing	07/03	<b>1<sup>st</sup> Quarter:</b> Corrective action plans have been put in place where compliance with increasing the monthly contact with youth has not occurred.
			6. Conduct case reviews on a sample of cases to determine if visits focus on issues pertinent to case planning, service delivery, goal attainment, and safety. Program staff from the office of protection and safety will conduct case reviews. The sample will represent each Service Area and will be compiled by Operations Team from the Office of Protection and Safety.	07/04		

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
3.5. Conduct service array pilot in two areas using National Family Centered Practice model that will identify service needs, gaps and improvements needed to address timely initiation of services; assure the ability to offer needed services; develop in-home services and reduce service waiting lists.	Sherri Haber and Terri Farrell	<i>S2. Children are safely maintained in their homes.(3.9)</i> <i>Item 17- Families have enhanced capacity to provide for child's needs (17.3),</i> <i>Item 23- Educational needs of child (23.4),</i> <i>Item 35-Array of services (35.1),</i> <i>Item 36-Services are accessible (36.1),</i> <i>Item 37-Services are individualized (37.1)</i>	1. Select service array pilot sites	03/04		<b>2<sup>nd</sup> Quarter</b> – The Charter authorizing this group to meet and work on the objectives was signed on 02/10/04. The first meeting of this group is scheduled for March 16, 2004.
			2. Select staff to conduct service array assessment	03/04		
			3. Complete assessment including: community/neighborhood prevention, early intervention services; investigative, assessment functions; home-based interventions/services; out-of-home reunification/permanency services; child welfare system exits/services	06/04		
			4. Finalize and report results that list the gaps or improvements needed for services in that area	09/04		
			5. Develop and implement plan to fill gaps or improve existing services	12/04		

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
			6. Monitor effectiveness of plan by using multiple QA functions in assessing for gaps in services, and provision of services.	03/05		
			7. Expand model to remaining service areas	06/05		

**Outcome P1: Children have permanency and stability in their living situations.**

**GOAL:** Nebraska will increase children's permanency and stability in their living situations. By 12-31-03 from 45.7% to 55%.

**Evaluation method:** Nebraska CFSR

**Baseline:** 45.7% established during the CFSR

Request extension to 7/04. We have just implemented the new intake procedures statewide in 12/03. Based on the Omaha test site and the increased media attention to child safety (Children's Task Force focusing on child deaths) the number of intakes received has doubled in some areas and those accepted for assessment have also increased. At this time we are trying to address the staff resource issues that this has caused. We only have the same number of staff to work on assessments as we did prior to implementation of the new intake process. In shifting staff resources we have been unable to specifically address permanency and stability of youth in their living situations.

**Item 6. Stability of foster care placement**

**Goal Negotiated Measure; % of Improvement:** By 7-1-05, Nebraska will increase the percentage of children with no more than two placements settings from 78.2% to 80.1%.

**Baseline:** 78.2% established from the FFY 2002 State Data Profile. **FFY 2003: 78.9%**

**Method of Measuring Improvement:** N-FOCUS

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
6.1. Strengthen matching process of child with placement resources through expedited family group conferencing.	Margaret Bitz	<i>Item 6. Stability of foster care placement(6.1)</i> <i>Item 9-Adoption (9.7)</i>	1. Identify current utilization of expedited family group conferencing through review of current contracts and numbers of families served.	07/04 3/04		<b>1<sup>st</sup> Quarter:</b> Extension Requested to 3/04. The Department has contracts with private agencies to provide traditional family group conferencing, as well as expedited family group conferencing, facilitation and mediation. These contracts are currently being examined along with producing numbers to identify families served. Request a change in the wording of the benchmark, eliminating the reference to number of families meeting the criteria for use of family group conferencing. We have no way to know that number.
			2. Identify targeted increase of expedited family group conferencing to locate family members or natural supports of family for placement opportunities.	07/04 3/04		<b>1<sup>st</sup> Quarter:</b> Extension Requested to 3/04
6.2. Strengthen matching process of child with placement resources through the use of N-FOCUS.	Margaret Bitz	<i>Item 6. Stability of foster care placement (6.2)</i> <i>Item 9-Adoption (9.7)</i>	1. Require N-FOCUS use of child and provider characteristics fields to activate existing N-FOCUS matching capabilities	03/04		
			2. Develop an exception report on N-FOCUS that identifies characteristic fields is completed for all children and foster parents.	06/04		
			3. Provide supervisors and managers with copies of reports.	06/04		
			4. Develop and implement a corrective action plan for areas not meeting practice standards based on QA protocol. Plans will be developed by PSAs for their areas and submitted to the Administrator of the Office of Protection and Safety.	06/04 and ongoing		



Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
6.3. Strengthen policy that defines limited use of emergency shelter placements.	Todd Reckling	Item 6. Stability of foster care placement(6.3)	1. Policy developed by HHSS.	08/01	07/01	<b>1<sup>st</sup> Quarter:</b> Policy on the use of Emergency Shelter Care was written in July 2001. The policy specified the intended use of shelter care to be a temporary placement of 30 days or less for a child pending a more permanent placement or return home.
			2. Training developed by HHS Staff.	08/01	08/01	<b>1<sup>st</sup> Quarter:</b> Information was distributed to staff via an Administrative Memo. The information regarding the policy for shelter care use was shared by the Protection and Safety Administrators from the six service areas with their protection and safety supervisors and staff.
			3. Train staff on written policy. Training to be conducted by managers and supervisors.	08/01	08/01	<b>1<sup>st</sup> Quarter:</b> Information was distributed to staff via an Administrative Memo. The information regarding the policy for shelter care use was shared by the Protection and Safety Administrators from the six service areas with their protection and safety supervisors and staff.
			4. Written policy disseminated through Administrative Memo. Policy implemented statewide.	08/01	08/01	<b>1<sup>st</sup> Quarter:</b> Policy was issued to all staff on August 23, 2001 via an Administrative Program Memo. The policy information is currently written into formal rules and regulation language and it is pending a public hearing.
6.4. Develop and implement methods for measuring compliance with policy regarding emergency shelter care	Todd Reckling	Item 6. Stability of foster care placement(6.4)	1. Develop N-FOCUS report to monitor use of emergency shelters.	04/02	03/02	<b>1<sup>st</sup> Quarter:</b> An N-FOCUS Report was developed in March 2002. However, hand counts of the shelter care data were turned into the Central Office by each of the service areas on a monthly basis due to concerns that the N-FOCUS data was not accurate based on workload issues and workers not being able to enter data in a timely fashion.

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
			2. Provide supervisors and managers with reports on a monthly basis.	08/03	03/02	<p><b>1<sup>st</sup> Quarter:</b> The service areas received aggregated data at various times regarding utilization of shelter care placements and use of extensions. All extensions were initially sent into the Central Office to be approved, but this function later was returned to the PSA's in each of their respective service areas. N-FOCUS monthly report is being sent to the service areas. A revised report will be completed in January 2004.</p> <p><b>2<sup>nd</sup> Quarter:</b> The N-FOCUS Emergency Shelter Care Report was revised and was distributed to Protection and Safety/Resource Development Administrators on 12/11/2003. The data was for the month of November 2003. Sherri Haber, Deputy Administrator has since been disseminating the ESC Report on a monthly basis to staff. A program specialist has also been compiling the results of the hand-count data aggregated for the quarters in 2002-2003. These data and graphics were sent out to Administrators on 02-27-2004.</p> <p>The information outlines the number of shelter days utilized per service area, number of days over 30+, and average number of kids in care. The information also compares the service areas over time against their baseline standard range.</p> <p>Additional information on the most recent shelter care information is being compiled by Craig Erickson, program specialist, and will be sent out to staff in early March 2004</p>

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
			3. Develop and implement standardized supervisor oversight process to monitor compliance with policy regarding emergency shelter care. Process will include time frames for supervisor's reconciliation of reports, and timeframe for development of corrective action plan	08/03	7/02	<p><b>1<sup>st</sup> Quarter:</b> A process to monitor compliance with the shelter care memo and the request for any extension beyond a 30 day period was an administrative function of Central Office staff from the time the memo was issued in August 2001, until July 2002. In July 2002, compliance monitoring reverted back to the Protection and Safety Administrator in each service area. In order for the function of shelter care extensions to stay within the local service area, the corrective action plan was that a service area could not exceed its baseline target for 1) average total number of kids in care more than 30 days, and 2) average total number of days used for emergency shelter care by more than +2% for any given quarter or the function of approving extensions of care beyond 30 days for that particular service area was to return to the Central Office.</p> <p><b>2<sup>nd</sup> Quarter:</b> The information outlines the number of shelter days utilized per service area, number of days over 30+, and average number of kids in care. The information also compares the service areas over time against their baseline standard range. Additional information on the most recent shelter care information is being compiled by Craig Erickson, program specialist, and will be sent out to staff in early March 2004</p>

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
44 ACF Federal Approval Second Quarterly Report	August 2003 March 15, 2004		4. Establish baseline and target dates regarding usage of emergency shelters.	08/03	7/02	<p><b>1<sup>st</sup> Quarter:</b> Baseline numbers for 1) total number of kids in care per month 2) total number of kids in care for more than 30 days and 3) the total number of days of emergency shelter care per month were established for each service area based on historical data for that area. The baseline statistics were distributed to all the service areas on July 03, 2002.</p> <p><b>2<sup>nd</sup> Quarter:</b> The original baseline numbers used in July 2002 statistics were calculated from data collected from October 01, 2001 to March 31, 2002. Baselines were as follows with a range of 100% to 102% thus allowing for a 2% margin of error that could not be exceeded. This offered the service areas some flexibility in managing their number, yet held them to a outcome standard: Total Number of kids in care-323.17 (100%) and 329.63 (102%). Total number of kids in care for more than 30 days-56.33 (100%) and 57.46 (102%). Total number of Days of Emergency Shelter Care used- 4338.00 (100%) and 4424.76 (102%).</p> <p>Baselines will be adjusted to reflect the 2002-2003 year once the data are all analyzed in early March 2004. The numbers provided in the progress report section for the second quarter were as follows: Total number of kids in care –323.17 (100%) and 329.63 (102%). Total number of kids in care for more than 30 days-56.33 (100%) and 57.46 (102%). Total number of days of emergency shelter care used-4338.00 (100%) and 4424.76 (102%). These numbers are <u>original baselines</u> that were established in July 2002 based on monthly reporting from the service areas for the period October 01, 2001 to March 31, 2002. There is a 100% and 102% established as a percentage range that was targeted for each respective service area to stay within these limits.</p> <p>These baselines were established after only seven (7) months of implementing a new policy regarding shelter care use. A policy memo was issued on August 23, 2001 to all Protection and Safety staff regarding appropriate utilization of shelter care, length, and a process for an exception beyond a 30-day stay. After implementation, there was a shift in shelter care use as was desired. When baselines were established from data collected from October 2001 to March 2002, the state was in a transition regarding its shelter care utilization practices.</p> <p>As time went on, we continued to collect shelter care data. I felt it was important to revisit the baselines after a period of time had expired and the practice had time to cycle long</p>

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
			5. Targeted improvements will be monitored through N-FOCUS reports.	<del>08/03</del> 01/04 03/04		<p><b>1<sup>st</sup> Quarter:</b> Extension requested 01/04. Shelter care costs were reduced by almost 50% during the first year so no improvement plan was required. Current utilization data is being completed and a new report will be issued in January 2004. An improvement plan will be developed and implemented in January 2004 if needed.</p> <p><b>2<sup>nd</sup> Quarter:</b> Extension Requested to March 2004. Shelter care data is still being analyzed. We are very close to having it finalized. Once all the information is interpreted a formal improvement plan will be devised if necessary.</p>
			6. Develop and implement a corrective action plan for areas not meeting practice standards based on QA protocol. Plans will be developed by PSAs for their areas and submitted to the Administrator of the Office of Protection and Safety.	<del>08/03</del> <del>1/04</del> and ongoing 03/04 and ongoing		<p><b>1<sup>st</sup> Quarter:</b> Extension request to 1/04. If there is more than a 2% increase in shelter care stays then the function of oversight of shelter care placements was to return to the Central Office.</p> <p><b>2<sup>nd</sup> Quarter:</b> Extension Requested to March 2004. Shelter care data is still being analyzed. We are very close to having it finalized. Once all the information is interpreted a formal improvement plan will be devised if necessary.</p>
6.5 Develop methods to monitor number of placements, placement change reasons, and placement disruptions of children.	Quality Assurance Administrator	Item 6. Stability of Foster Care Placements (6.7)	1. Develop N-FOCUS reports that measure and identify number of placement changes, placement change reasons and placement disruptions.	06/04		
			2. Develop and implement standardized supervisor oversight process to monitor compliance with number of placements, placement change reasons, and placement disruptions of children. Process will include time frames for supervisor's reconciliation of reports, and timeframe for development of corrective action plan	08/04		

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
			3. Establish baseline to monitor placement changes, placement change reasons, and placement disruptions.	08/04		
			4. Establish targeted improvements based on baseline	08/04		
			5. Conduct case reviews on a sample of cases involving targeted child populations [e.g. children under age 5] to determine whether changes in placement settings were necessary to achieve the child's permanency goal or to meet the child's service needs. Program staff from the Office of Protection and Safety will conduct case reviews. The sample will represent each Service Area and will be compiled by the Operations Team from the Office of Protection and Safety. Frequency of subsequent reviews is based on QA protocols.	<del>12/03</del> 12/04		<b>1<sup>st</sup> Quarter:</b> Request Date Extension to 12/04. We believe this date was entered in error, as the related benchmarks in this action step are due in 6/04 and 8/04.
			6. Develop and implement a corrective action plan for areas not meeting practice standards based on QA protocol. Plans will be developed by PSAs for their areas and submitted to the Administrator of the Office of Protection and Safety.	03/04 and ongoing		

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
6.6b Expand the use of Integrated Care Coordination Unit [ICCU] across the state in collaboration with Nebraska Regional Mental Health agencies to expedite reunification and permanency and reduce the number of moves while in placement	Amy Richardson	<i>Item 6.</i> Stability of foster care placement (6.8) <i>Item 8-</i> Reunification, Guardianship or Perm Placement w/ Relatives (8.9), <i>Item 23-</i> Educational Needs of the child(23.5)	1. Identify ICCU providers	06/03	06/03	<b>1<sup>st</sup> Quarter:</b> All areas of the state have identified their provider for implementation of the ICCU with the exception of one <i>Mental Health</i> Region. Region II <i>Mental Health</i> has not made a decision to implement. The Director of HHS has had written and verbal communication with this Region to encourage them to implement. There is a secondary plan if the Regional Governing Board does not choose to enter into an agreement with HHS. The identification of a partner for the ICCU for this area should be accomplished by 6-04.
			2. Issue planning grants for expansion of ICCUs.	09/03	08/03	<b>1<sup>st</sup> Quarter:</b> Three areas were given planning grants; the grants were requested from <i>Mental Health</i> Region I, Region IV and Region VI. Region III and F3 or Lancaster County did not need nor request funding for start-up or planning grants. Region V is in the process of Planning to request their funding. Again, exception of Region II as noted above in Action step 6.6.

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
			3. Finalize contracts with ICCU providers.	03/04		<p><b>1<sup>st</sup> Quarter:</b> Finalize contracts with ICCU providers-1<sup>st</sup> phase: HHS has contracts representing 75% of our state ward population areas. Including Region VI-Omaha, Region III and Region IV –central area of NE. Region I- Western part of state and Lincoln, Lancaster County.</p> <p>Phase two – Will include Region II as discussed above and the remaining counties in southeastern Nebraska or Region V</p> <p><b>2<sup>nd</sup> Quarter:</b> Region II Mental Health still has no plans to implement an ICCU. Although the Mental Health Region has no plan to implement, the Western Service Area has embraced the concepts and principles of the ICCU's and continues to train their staff in wrap-around, family centered practice for the children and families they serve. An overview for new staff that had never received the training was conducted the week of April 5, 2004. The Western Service Area is working on developing Wrap Around Training specifically geared towards supervisors. The Western Service Area also continues to work with Rites for Families regarding the family components.</p>
6.7. Strengthen collaboration between HHS and the Court Improvement Project to reach mutual agreement on improvements and to monitor agreed upon improvement activities to enhance permanency for children.	Chris Hanus	Item 6. Stability of foster care placement (6.9)	1. HHS Central Office Administrator designated as member of CIP Governing Group	05/03	05/03	<p><b>1<sup>st</sup> Quarter:</b> The previous Protection and Safety Administrator, Dawn Swanson, conducted meetings periodically with the Court Improvement Project. Ms. Swanson left the Department in July, 2003. Her replacement, Allen Jensen, was hired at the end of October 2003 and began in November 2003. Mr. Jensen will become a member of the CIP Governing Group or appoint a designee.</p> <p><b>2<sup>nd</sup> Quarter:</b> Meetings of the advisory board are annual meetings. The Administrator and Deputy Administrator met with the director of the Court Improvement Project on January 23, 2004 and February 27, 2004 and have agreed to meet quarterly.</p>



Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
			2. Quarterly meetings of key HHS P&S team members and Court Improvement Project Administrator are held and documented.	05/03 and ongoing	05/03	<b>1<sup>st</sup> Quarter:</b> The previous Protection and Safety Administrator, Dawn Swanson, attended meetings with the Court Improvement Project. Ms. Swanson left the Department in July, 2003. Her replacement, Allen Jensen, was hired at the end of October 2003 and began in November 2003. Mr. Jensen will attend these meetings or appoint a designee
6.8. Strengthen policy and practice regarding diligent efforts to locate and assess non-custodial parents and relatives for: <ul style="list-style-type: none"> <li>• Potential placement resources;</li> <li>• Increased placement stability;</li> <li>• Expediting the adoption process;</li> <li>• Visitation with children in foster care;</li> <li>• Appropriately involvement in case planning.</li> </ul>	Margaret Bitz	<i>Item 6.</i> Stability of foster care placement (6.10) <i>Item 8-</i> Reunification, Guardianship or Perm Placement w/ Relatives (8.5), <i>Item 9-</i> Adoption (9.1) <i>Item 13-</i> Visiting w/ parents and sibs (13.1), <i>Item 15-</i> Relative Placement (15.2), <i>Item 16-</i> Relationship of child w/ parents (16.1), <i>Item 18-</i> Needs and services of child, parents and foster parents (18.1)	1. Analyze lessons learned from Court Improvement Project pilot (Douglas County model court project and, the Lancaster and Sarpy County Court/agency collaboration project) regarding early identification of non-custodial parents and relatives as placement resources.	<del>10/03</del> 03/04		<b>1<sup>st</sup> Quarter:</b> Extension requested to 03/04. Meeting between Court Improvement Project (CIP) and the Department is scheduled in 12/03 to analyze lessons the CIP has learned from the model court project in regards to identification of non-custodial parents and relatives as placement resources.  In addition, the CCP has a strong interest and has identified this issue. Throughout their meetings, the CCP workgroup have specified that non-custodial parents need to identify as indicated above and then located and contacted, and involved. Then they are to have as much contact with a child in out-of-home care as is beneficial to the child's permanency objective and well-being as possible.  The new Intake Tool and that was implemented in Omaha in July 2003 asks questions of the reporter regarding whether or not the non-custodial parent or other relative are known. If known, the reporter is asked to give as much identifying information as possible so the assessment worker can try to make contact with the person. The new emergency removal fact sheet that is in draft form asks the parent who has his / her child removed to identify the non-custodial parent and any other relatives that might be able to take the child for placement or become involved in the case and offer support to the family. Early identification of non-custodial parents and relatives will assist in placement stability and for visitation purposes.

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
			2. Policy developed in collaboration with the Court Improvement Project (CIP) and NRCs for Child Maltreatment and Family Centered Practice.	<del>10/03</del> 7/04		<b>1<sup>st</sup> Quarter:</b> Request extension to 7/04 to incorporate lessons learned and allow for time to share and receive input from the CIP on the policies developed through the CCP. All aspects of CCP including intake, assessment, and case planning, and permanency planning have incorporated ways to not only identify, but to also involve non-custodial parents, and other relatives into the case. All work products and practices are designed around a family-centered practice model that requires that informal family supports and community supports and services be utilized as much as possible and in conjunction with more traditional and formal supports as necessary.
			3. Training developed in collaboration with HHS Training, University of Nebraska Center for Children, Families, and the Law (CCFL) and National Resource Centers.	03/04		
			4. Train staff on written policy. Training to be conducted by managers and supervisors.	04/04		
			5. Completed training sign in sheets will be submitted to the PSA for the staff in that area.	04/04		
			6. Written policy disseminated through Administrative Memo.	04/04		
			7. Policy implemented statewide.	04/04		

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
6.9. Develop and implement methods for measuring the policy for timely identification and diligent efforts in locating and assessing non-custodial parents and relatives in 6.8.	Quality Assurance Administrator	Item 6. Stability of foster care placement(6.11) Item 8- Reunification, Guardianship or Perm Placement w/ Relatives (8.6), Item 9- Adoption (9.2) Item 13- Visiting w/ parents and sibs (13.2), Item 15- Relative Placement (15.3), Item 18- Needs and services of child, parents and foster parents(18.2)	1. Provide supervisors and managers with copies of N-FOCUS reports on a monthly basis that identify placements with relatives and non-custodial.	07/04 and ongoing		
			2. Conduct case reviews on a sample of cases to determine compliance on early identification and assessment of non-custodial parents and relatives. Program staff from the Office of Protection and Safety will conduct case reviews. The sample will represent each Service Area and will be compiled by the Operations Team from the Office of Protection and Safety. Frequency of subsequent reviews is based on QA protocols.	07/04		

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
			3. Develop and implement standardized supervisor oversight process to monitor timely identification and diligent efforts in locating and assessing non-custodial parents and relatives as placement resources to increase placement stability. Process will include time frames for supervisor's reconciliation of reports, and timeframe for development of corrective action plan.	04/04		
			4. Establish baseline to determine compliance with early identification and assessment of non-custodial parents and relatives.	09/04		
			5. Establish targeted improvements based on baseline.	09/04		
			6. Develop and implement a corrective action plan for areas not meeting practice standards based on QA protocol. Plans will be developed by PSAs for their areas and submitted to the Administrator of the Office of Protection and Safety.	09/04 and ongoing		

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
6.10. Conduct targeted foster parent/resource family recruitment campaign to reflect the ethnic and racial diversity of the children in State custody in collaboration with the Nebraska Foster and Adoptive Parent Association [NFAPA] to support stability of foster placements.	Chris Hanus	<i>Item 6.</i> Stability of foster care placement, (6.12) <i>Item 14,</i> Preserving connections (14.7) <i>Item 44-</i> State has process for ensuring diligent recruitment and retention of foster and adoptive families (44.1)	1. Using N-FOCUS, analyze characteristics of children and foster parents to identify gaps in matching child needs with foster parent resources.	06/04		<p><b>1<sup>st</sup> Quarter:</b> A recruitment and retention team of foster parents, resource development workers and other stakeholders have met on July 30-31, 2003 and October 15, 2003. A philosophical framework and a detail work plan were established.</p> <p>In 11/03 data has been extracted from N-FOCUS. Analysis of data to establish targets for recruitment will begin in 1/04</p> <p><b>2<sup>nd</sup> Quarter:</b> A third meeting was held on January 13, 2004. The following sub-groups have been created to complete work: Data, Marketing, Training, Finance, Native American, and Retention. These sub-groups will work as needed between January and April to complete recommendations. These recommendations are to be ready for presentation at the April 2004 full group meeting.</p> <p>Multiple reports have been generated between November 2003 and January of 2004. The data sub-group met on February 6, 2004 to start identifying the gaps and targets for recruitment. For initial analysis, the data group accepted a definition offered from the NRC. To define gaps the data group looked at those children placed outside of their committing county court in a level of foster care. This data is from N-FOCUS and has been imported into ACCESS for analysis. This initial analysis will be given to the Marketing Sub-group by the end of February 2004 to begin their work designing a campaign.</p>
			2. Establish targets for recruitment	09/04		<p><b>1<sup>st</sup> Quarter:</b> In 11/03 data has been extracted from N-FOCUS. Analysis of data to establish targets for recruitment will begin in 1/04.</p> <p><b>2<sup>nd</sup> Quarter:</b> Multiple reports have been run between November 2003 and January of 2004. The data sub-group met in January 13, 2004 and is meeting again on February 6, 2004 to identify the gaps and targets for recruitment. This initial analysis will be given to the Marketing Sub-group by the end of February 2004 to begin their work designing a campaign.</p>

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
			3. Design recruitment campaign in collaboration with the NRC on Child Maltreatment and Foster Care and Permanency Planning.	09/04		<p><b>2<sup>nd</sup> Quarter:</b> In January 2004, the marketing sub-group met. They need the initial data analysis from the data sub group to begin discussion on what the targeted recruitment campaign may look like for presentation to the full group in April. Initial data analysis is expected to be given to the Marketing group in February 2004.</p> <p>Mary Lou Edgar, AdoptUSKids presented at the January 2003 meeting regarding their campaign. It was decided at this meeting that NFAPA would be Nebraska's Recruitment Response Team. They will receive \$18,000 from AdoptUSKids for three years. No decision has been made yet on how this effort will coincide with Nebraska's strategy.</p>
			4. Initiate recruitment campaign for the targeted needs, including recruitment of families that reflect the child's racial, cultural and ethnic background.	10/04		
6.11. Conduct training for resource families and staff.		<p><i>Item 6.</i> Stability of foster care placement (6.13)</p> <p><i>Item 14.</i> Preserving Connections (14.8)</p> <p><i>Item 44.</i> State has process for ensuring diligent recruitment and retention of foster and adoptive families</p>	1. Develop training on resource families in collaboration with NFAPA and the NRC's for Child Maltreatment and Foster Care and Permanency Planning and HHS Training Division	10/04		
			2. Train resource families regarding policy including racial, cultural, and ethnic backgrounds.	12/04		
			3. Train staff on written policy. Training to be conducted by managers.	12/04		



Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report

**Item 7. Permanency goal for child**

**Goal Negotiated Measure; % of Improvement:** By 7-1-05 Nebraska will increase the percentage of children with established permanency goals 54% to 89.9%.

**Baseline:** 54% established through N-FOCUS. **July 2003: 83% December 2003: 83.5%**

**Method of Measuring Improvement:** N-FOCUS

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
<p>7.1. Strengthen policy and practice regarding:</p> <ul style="list-style-type: none"> <li>timely establishment of permanency goals within 60 days of placement</li> <li>timely re-assessments of permanency goals</li> </ul>	Margaret Bitz	<p><i>Item 7.</i> Permanency goal for child. (7.1., 7.3)</p> <p><i>Item 8-</i> Reunification, Guardianship or Perm Placement w/ Relatives (8.1),</p> <p><i>Item 9-</i> Adoption (9.5)</p>	<p>1. Analyze lessons learned from court improvement project pilot (Douglas County model court project, and the Lancaster and Sarpy County Court/agency collaboration project) regarding timely establishment of permanency goals within 60 days of placement.</p>	<p><del>10/03</del> 03/04</p>		<p><b>1<sup>st</sup> Quarter:</b> Extension requested to 03/04. Meeting between Court Improvement Project (CIP) and the Department is scheduled in 12/03 to analyze lessons the CIP has learned from the model court project in regards regarding timely establishment of permanency goals within 60 days of placement</p> <p>In addition, the CCP has a strong interest and has identified this issue. Throughout their meetings, the CCP workgroup have specified that non-custodial parents need to identify as indicated above and then located and contacted, and involved. Then they are to have as much contact with a child in out-of-home care as is beneficial to the child's permanency objective and well-being as possible.</p> <p>The new Intake Tool and that was implemented in Omaha in July 2003 asks questions of the reporter regarding whether or not the non-custodial parent or other relative are known. If known, the reporter is asked to give as much identifying information as possible so the assessment worker can try to make contact with the person. The new emergency removal fact sheet that is in draft form asks the parent who has his / her child removed to identify the non-custodial parent and any other relatives that might be able to take the child for placement or become involved in the case and offer support to the family. Early identification of non-custodial parents and relatives will assist in placement</p>



Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
						stability and establishment of timely permanency goals within 60 days.
			2. Policy developed in collaboration with the NRC's for Family Centered Practice and Foster Care and Permanency Planning.	<del>10/03</del> 7/04		<p><b>1<sup>st</sup> Quarter:</b> Request extension to 7/04 to incorporate lessons learned and allow for time to share and receive input from the CIP on the policies developed through the CCP. All work products and practices are designed around a family-centered practice model that requires that informal family supports and community supports and services be utilized as much as possible and in conjunction with more traditional and formal supports as necessary.</p> <p>In addition, the CCP team decided that it would be a helpful direction to have a comprehensive assessment that Protection and Safety would use to assess and then reassess throughout the life of the case. This type of assessment would incorporate those areas that were formerly known as safety evaluation and plan, risk evaluation, initial assessment and family assessment. In moving toward this direction the small group is defining the following terms and how the work should proceed for risk, safety, intake priorities, safety assessment (present and ongoing), initial assessment, family assessment, case planning, reassessments, and out-of-home assessments. This assessment is key to establishing permanency plans, re-assessments of the permanency plans and will also aid in defining more clearly what content should be in reports to the courts.</p>
			3. Training developed in collaboration with HHS Training, University of Nebraska Center for Children, Families, and the Law (CCFL) and National Resource Centers.	05/04		
			4. Train staff on written policy. Training to be conducted by managers and supervisors.	07/04		

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
			5. Completed training sign in sheets will be submitted to the PSA for the staff in that area.	07/04		
			6. Written policy disseminated through Administrative Memo.	07/04		
			7. Policy implemented statewide.	07/04		
7.2. Develop and implement methods for measuring compliance with policy on timely establishment and re-establishment of permanency goals	Quality Assurance Administrator	Item 7. Permanency goal for child (7.4., 7.9) Item 9. Adoption (9.6)	1. Develop an N_FOCUC report that monitors that each child has a current permanency goal and that timely reassessment occurs.	07/02	07/02 and on-going	<b>1<sup>st</sup> Quarter:</b> N-FOCUS report that indicates if a permanency goal was established during the first 60 days of entry into our system is disseminated monthly to Protection and Safety Administrators and Supervisors.
			2. Provide supervisors and managers with N-FOCUS reports on a monthly basis			
			3. Develop and implement standardized supervisor oversight process to monitor compliance with initiating timely establishment of permanency goals. Process will include time frames for supervisor's	07/04		
			4. Establish baseline regarding the timely establishment and re-establishment of permanency goals.	09/04	2/04	<b>2<sup>nd</sup> Quarter:</b> Baseline established from July 2003 data. Baseline for timely establishment of permanency goals: 54%.
			5. Establish targeted improvements based on baseline.	09/04	2/04	<b>2<sup>nd</sup> Quarter:</b> Targeted improvement for timely establishment of permanency goals was established at the time the PIP was written, refer to Item 7. Targeted improvement for establishment of permanency goals is: 89.9%. A monthly exception report is run which looks to see if a youth has a case plan that is current within the most recent 6 months. If not, a report is generated and sent to staff. This does not get to quality, which will be addressed in a Case Read.

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
			5. Develop and implement a corrective action plan for areas not meeting practice standards based on QA protocol. Plans will be developed by PSAs for their areas and submitted to the Administrator of the Office of Protection and Safety.	09/04 and ongoing		
7.3. Develop policy and practice regarding concurrent planning including protocol for staff consultation early within cases to determine adoptive home needs.	Margaret Bitz	<i>Item 7.</i> Permanency goal. (7.5) <i>Item 9-</i> Adoption (9.3), <i>Item 25-</i> Process that ensure each child has a case plan (25.4), <i>Item 28-</i> Process for term of parental rights according to ASFA (28.1)	1. Policy developed in collaboration with the NRC's for Foster Care and Permanency Planning and Family Centered Practice.	05/03	05/03	<b>1<sup>st</sup> Quarter:</b> Policy for Concurrent Planning has been developed and this material was included in Guidebook changes distributed to the field in 5/03. The NRC for Family Centered Practice reviewed that material and gave the opinion that it is in keeping with best practice.
			2. Training developed in collaboration with HHS Training, University of Nebraska Center for Children, Families, and the Law (CCFL) and National Resource Centers.	12/03	5/02	<b>1<sup>st</sup> Quarter:</b> Training has been developed in collaboration with CCFL and the Department's training unit.
			3. Train staff on written policy. Training to be conducted by managers and supervisors.	03/04	5/02 through 8/02	<b>1<sup>st</sup> Quarter:</b> Training has been provided by the HHS Training Unit to Protection and Safety Supervisors and Workers in several sites across the state on the draft policy which was available in 2002.. Six training sessions occurred between the months of May through August, 2002.
			4. Completed training sign in sheets will be submitted to the PSA for the staff in that area.	03/04	8/02	<b>1<sup>st</sup> Quarter:</b> Sign-in sheets are maintained with training attendance records at the University of Nebraska Center for Children Families and the Law.
			5. Written policy disseminated through Administrative Memo.	04/04		

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
			6. Policy implemented statewide	04/04		
7.4. Develop and implement methods for measuring compliance with policy on concurrent planning	Quality Assurance Administrator	Item 7. Permanency goal. (7.6) Item 9- Adoption (9.4), Item 25- Process that ensure each child has a case plan (2554), Item 28-Process for term of parental rights according to ASFA (28.2)	1. Develop N-FOCUS report that monitors children with concurrent plans.	03/04		
			2. Develop and implement standardized supervisor oversight process to monitor compliance with policy on concurrent planning. Process will include time frames for supervisor's reconciliation of reports, and timeframe for development of corrective action plan	04/04		
			3. Conduct case reviews on a sample of cases to determine compliance on concurrent planning based on case reviews. Program staff from the Office of Protection and Safety will conduct case reviews. The sample will represent each Service Area and will be compiled by the Operations Team from the Office of Protection and Safety. Frequency of subsequent reviews is based on QA protocols.	07/04		
			4. Establish baseline to determine compliance with concurrent planning.	09/04		

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
			5. Establish targeted improvements based on baseline.	09/04		
			6. Develop and implement a corrective action plan for areas not meeting practice standards based on QA protocol. Plans will be developed by PSAs for their areas and submitted to the Administrator of the Office of Protection and Safety.	09/04 and ongoing		
7.5. Strengthen policy and practice regarding termination of parental rights including appropriateness, timeliness and compelling reasons not to file.	Margaret Bitz	<i>Item 7.</i> Permanency goal (7.8) <i>Item 9-</i> Adoption(9.12), <i>Item 28-</i> Process for term of parental rights according to ASFA (28.5)	1. Policy developed in collaboration with the NRC's for Foster Care and Permanency Planning and Family Centered Practice.	10/03	10/03	<b>1<sup>st</sup> Quarter:</b> Policy has been developed that strengthens current policy regarding termination of parental rights including appropriateness, timeliness and compelling reasons not to file. The NRC for Family Centered Practice reviewed that material and gave the opinion that it is in keeping with best practice.
			2. Training developed in collaboration with HHS Training, HHS Legal Staff, and University of Nebraska Center for Children, Families, and the Law (CCFL) and National Resource Centers.	<del>12/03</del> 07/04		<b>2<sup>nd</sup> Quarter:</b> Request extension to 7/04.
			3. Train staff on written policy. Training to be conducted by managers and supervisors.	<del>03/04</del> 07/04		<b>2<sup>nd</sup> Quarter:</b> Request extension to 7/04.
			4. Completed training sign in sheets will be submitted to the PSA for the staff in that area.	<del>03/04</del> 07/04		<b>2<sup>nd</sup> Quarter:</b> Request extension to 7/04.
			5. Written policy disseminated through Administrative Memo.	04/04		
			6. Policy implemented statewide.	04/04		

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
7.6. Develop and implement methods of monitoring compliance with policy regarding termination of parental rights including appropriateness, timeliness and compelling reasons not to file	Quality Assurance Administrator		1. Conduct case reviews on a sample of cases in which children have been in out of home care 15 of 22 months to determine compliance with policy regarding termination of parental rights. Program staff from the Office of Protection and Safety will conduct case reviews. The sample will represent each Service Area and will be compiled by the Operations Team from the Office of Protection and Safety. Frequency of reviews is based on QA protocols.	07/04		
			2. Establish baseline based on case read to determine compliance with policy regarding termination of parental rights.	09/04		
			3. Establish targeted improvements based on baseline	09/04		
			4. Develop and implement a corrective action plan for areas not meeting practice standards based on QA protocol.	09/04 and ongoing		
7.7. Develop local action protocols between HHS and local County Attorney Offices to: <ul style="list-style-type: none"> <li>Expedite permanency.</li> <li>Reduce the number of children in out of home care and to establish permanency for children reaching 15 of 22 months in out of home care.</li> </ul>	Margaret Bitz	<i>Item 7.</i> Permanency goal (7.8) <i>Item 8-</i> Reunification, Guardianship or Perm Place w/ Relatives (8.7) <i>Item 28-</i> Process for term of parental rights according to ASFA (28.6)	1. In collaboration with the Court Improvement Project, analyze experience of the Lancaster County Pilot Project to establish permanency for children reaching 15 of 22 months in out of home care.	<del>10/03</del> 2/04 4/04		<b>1<sup>st</sup> Quarter:</b> Request Extension to 2/04. Meeting between Court Improvement Project staff and the Department is scheduled for 12/03 to evaluate experience to this point through the Lancaster Pilot Project.  <b>2<sup>nd</sup> Quarter:</b> Request extension to 4/04. Meeting had to be rescheduled to the first week of March 2004.

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
			2. Lancaster County will have protocol established	<del>12/03</del> <del>2/04</del> 4/04		<p><b>1<sup>st</sup> Quarter:</b> Request Extension to 2/04 to develop a protocol that incorporate the lessons learned through the Lancaster Pilot Project</p> <p><b>2<sup>nd</sup> Quarter:</b> Request Extension to 4/04. Monthly meetings are being held between HHS staff and the county attorney in Lancaster County to discuss cases for possible terminations, but discussion has not yet met the level of development of protocols.</p>
			3. An additional 31 counties will have protocols established	06/04		
			4. An additional 31 counties will have protocols established	12/04		
			5. All 93 Nebraska counties have protocols established	06/05		

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
			6. In collaboration with the NRC's for Legal and Judicial Issues, CIP, and HHS Legal Services. Analyze and identify barriers and recommend actions for legal services to support permanency.	<del>12/03</del> 3/04		<p><b>2<sup>nd</sup> Quarter:</b> Request extension to 3/04, allowing for adequate time to analyze the information. Focus groups are being held across the state with Protection and Safety Legal Team and line staff to obtain input about support currently being provided and how it can be enhanced. The remainder of the focus groups will convene in January, 2004.</p> <p>In May, 2003, a conference call was held with Mimi Laver for assistance re: questionnaires for use with Legal staff and Field staff to gather information on current usage of the Protection and Safety Legal Team and what might be done to improve support to the field. In June, 2003, Ms. Laver sent questionnaires that she had developed as a sample. In October, 2003, the questionnaires were re-drafted to make them more relevant to NE. In November, 2003, the Team Leads and Mike Rumbaugh, Supervisor for the Protection and Safety Legal Team, met. After discussion, the decision was made to gather information via focus groups rather than questionnaires, using the questionnaires only if necessary. In November, all members of the Protection and Safety Legal Team participated in a focus group. On December 10, the first of six focus groups was held with supervisors and workers from the field. The remaining focus groups will occur in January, 2004. From information gathered thus far, it appears that holding focus groups was a much better choice than using the questionnaires, as the information gained is excellent and will be very useful in determining our next steps.</p>
			7. Implement recommendations identified for improving legal services to support permanency.	06/04		
			8. Monitor the implementation of the recommended actions to assure recommendations are implemented and that permanency is being supported through the identified changes	12/04		
			9. Collaborate with CIP and HHS Legal Services on strategies to overcome identified barriers.	06/05		



Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
7.8. Strengthen policy and practice regarding appropriate use of guardianship as a permanency goal	Margaret Bitz	<i>Item 7. Permanency goal (7.10)</i>	1. Policy developed in collaboration with the NRC's on Foster Care and Permanency Planning and Family Centered Practice.	10/03	12/03	<b>1<sup>st</sup> Quarter:</b> The policy for appropriate use of guardianship as a permanency goal has been developed and still needs management approval, which we plan to receive in 12/03.  <b>2<sup>nd</sup> Quarter:</b> Management Team approved policy in December of 2003. The policy has been submitted to HHSS Regulatory and Analysis Division for public hearing, which likely will occur in April 2004.
			2. Training developed in collaboration with HHS Training, University of Nebraska Center for Children, Families, and the Law (CCFL) and National Resource Centers.	<del>12/03</del> 07/04		<b>2<sup>nd</sup> Quarter:</b> Request extension to 7/04 in order to incorporate this material into other trainings that will be scheduled.
			3. Train staff on written policy by the National Child Welfare Resource Centers including Legal and Judicial and Foster Care and Permanency Planning.	<del>03/04</del> 08/04		<b>2<sup>nd</sup> Quarter:</b> Request extension to 8/04
			4. Written policy disseminated through Administrative Memo.	<del>04/04</del> 08/04		<b>2<sup>nd</sup> Quarter:</b> Request extension to 8/04
			5. Policy implemented statewide.	<del>04/04</del> 08/04		<b>2<sup>nd</sup> Quarter:</b> Request extension to 8/04
7.9. Develop and implement methods for measuring compliance regarding guardianship policy	Quality Assurance Administrator	<i>Item 7. Permanency goal (7.11)</i>	1. Develop N-FOCUS report that lists children with guardianship as a permanency goal.	03/04		
			2. Establish baseline to determine compliance with using guardianship as a permanency goal.	09/04		

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
			3. Conduct case reviews on a sample of all foster care cases to determine compliance on using guardianship as a permanency goal. Program staff from the Office of Protection and Safety will conduct case reviews. The sample will represent each Service Area and will be compiled by the Operations Team from the Office of Protection and Safety. Frequency of reviews is based on QA protocols.	12/04		
			4. Develop and implement standardized supervisor oversight process to monitor compliance with guardianship policy. Process will include time frames for supervisor's reconciliation of reports, and timeframe for development of corrective action plan	04/04		
			5. Establish targeted improvements based on baseline.	09/04		
			6. Develop and implement a corrective action plan for areas not meeting practice standards based on QA protocol. Plans will be developed by PSAs for their areas and submitted to the Administrator of the Office of Protection and Safety.	09/04 and ongoing		

#### Item 8. Reunification, Guardianship or Permanent Placement with Relatives

**Goal Negotiated Measure; % of Improvement:** By 7-1-05 Nebraska will increase the percent of reunification occurring within 12 months of entry into foster care 39.9% to 42.4%.

**Baseline:** 39.9% established through N-FOCUS in FFY 2002. **FFY 2003: 46.3%**

**Method of Measuring Improvement:** N-FOCUS

**Goal Negotiated Measure: % of Improvement:** By 7-1-05 Nebraska will increase diligent efforts to attain the goals of reunification and guardianship and permanent placement with relatives from 57% of applicable cases to 65%

Baseline: 57% established during CFSR

**Method of Measuring Improvement:** Nebraska CFSR process

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
8.1. Strengthen policy and practice on content to be included in the court report at permanency hearings	Margaret Bitz	Item 8. Reunification, guardianship, or permanent placement with relatives. (8.3)	1. Analyze lessons learned from court improvement project pilot (Douglas County model court project, and the Lancaster and Sarpy County Court/agency collaboration project) regarding content of court reports at permanency hearings.	<del>12/03</del> 3/04		<p><b>1<sup>st</sup> Quarter:</b> Extension Requested to 3/04. Meeting between Court Improvement Project (CIP) staff the Department is scheduled in 12/03 to analyze the lessons the CIP has learned from the model court project in regards to establishment of permanency goals, re-assessment of goals, and the content of court reports</p> <p>The Department met with Juvenile Judge Porter (Lancaster County Juvenile Court) on November 17, 2003 and discussed the case plan and the court report. Both the format and especially the content of the court report were discussed. Department staff also has a meeting with CIP in 12/03.</p> <p>Also, NE had its Title IVE review in September, 2003, and conducted a pre-review of cases prior to that month. Even though that process was aimed at court orders, it also served as a source of information about court reports. That information will be used in tandem with lessons learned from the Court Improvement Project activities</p>

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
			2. Policy developed in collaboration with the NRC's for Family Centered Practice and Foster Care and Permanency Planning.	<del>10/03</del> 7/04		<p><b>1<sup>st</sup> Quarter:</b> Request extension to 7/04 to incorporate lessons learned through meetings with Judge Porter, the IV-E audit and to allow for time to share and receive input from the CIP on the policies developed through the CCP. All work products and practices are designed around a family-centered practice model that requires that informal family supports and community supports and services be utilized as much as possible and in conjunction with more traditional and formal supports as necessary.</p> <p>In addition, the CCP team decided that it would be a helpful direction to have a comprehensive assessment that Protection and Safety would use to assess and then reassess throughout the life of the case. This type of assessment would incorporate those areas that were formerly known as safety evaluation and plan, risk evaluation, initial assessment and family assessment. In moving toward this direction the small group is defining the following terms and how the work should proceed for risk, safety, intake priorities, safety assessment (present and ongoing), initial assessment, family assessment, case planning, reassessments, and out-of-home assessments. This assessment is key to establishing permanency plans, reassessments of the permanency plans and will also aid in defining more clearly what content should be in reports to the courts.</p>
			3. Written policy disseminated through Administrative Memo.	03/04		
			4. Training developed in collaboration with HHS Training, University of Nebraska Center for Children, Families, and the Law (CCFL) and National Resource Centers.	05/04		
			5. Train staff on written policy. Training to be conducted by managers and supervisors.	05/04		

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
			6. Completed training sign in sheets will be submitted to the PSA for the staff in that area.	05/04		
			7. Policy implemented statewide.	05/04		
8.2. Develop and implement methods for measuring compliance with policy required in court reports at permanency hearings	Quality Assurance Administrator	Item 8. Reunification, guardianship, or permanent placement with relatives (8.4)	1. Develop and implement standardized supervisor oversight process to monitor compliance with court report policies. Process will include time frames for supervisor's reconciliation of reports, and timeframe for development of corrective action plan.	07/04		
			2. Conduct case reviews on a sample of cases to determine compliance on court report policies at permanency hearings. Program staff from the Office of Protection and Safety will conduct case reviews. The sample will represent each Service Area and will be compiled by the Operations Team from the Office of Protection and Safety. Frequency of case reviews is based on QA protocols.	07/04		
			3. Establish baseline to determine that cases are in compliance.	09/04		
			4. Establish targeted improvements based on baseline.	09/04		
			5. Develop and implement a corrective action plan for areas not meeting practice standards based on QA protocol. Plans will be developed by PSAs for their areas and submitted to the Administrator of the Office of Protection and Safety.	09/04 and ongoing		

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
8.3. Develop policy and practice to implement legislative changes to allow waiver of training requirement for licensure of relatives on an individual case basis	Margaret Bitz	Item 8. Reunification, guardianship, or permanent placement with relatives (8.8)	1. Policy developed by HHSS.	06/03	06/03	<p><b>1<sup>st</sup> Quarter:</b> Policy was signed by the Governor and became effective in 10/03.</p> <p><b>2<sup>nd</sup> Quarter:</b> Correction to above date. Although statute was passed by the Legislature to allow waiver of the training requirement, the regulations had not been signed by the Governor. That action occurred on February 18, 2004, which established February 23, 2004 as the actual date on which the regulations became effective.</p>
			2. Train staff on written policy. Training to be conducted by managers and supervisors.	<del>08/03</del> <del>1/04</del> 3/04		<p><b>1<sup>st</sup> Quarter:</b> Extension request to 1/04 to ensure supervisors and managers are fully prepared to train staff. N-FOCUS changes to document the exception and its appropriateness in each situation are ready for release to staff. The memo to staff explaining utilization of the N-FOCUS function, and training of managers and supervisors will occur in 12/03.</p> <p><b>2<sup>nd</sup> Quarter:</b> Request extension to March 2004. By March 8, 2004, RAID (the unit within HHS that has responsibility for processing regulations) will send the regulation change to all staff that are listed as holders of a copy of the regulations, and will make the change to the online regulations posted on the HHS web site. Once the regulation is issued, training can occur. The plan is for training to be done with Resource Development staff via a bridge call, in March 2004.</p> <p>N-FOCUS changes have been made to provide a place to document the reason training was waived and that the waiver does not compromise the child's safety and to assure that the license issued specifies that only related children can be placed. Notification of these N-FOCUS capabilities was included in the October, 2003 release to all staff.</p>
			3. Completed training sign in sheets will be submitted to the PSA for the staff in that area.	<del>08/03</del> <del>1/04</del> 3/04		<p><b>1<sup>st</sup> Quarter:</b> Request extension to 1/04 to assure that supervisors and managers are fully prepared to train staff.</p> <p><b>2<sup>nd</sup> Quarter:</b> Request extension to March 2004. See above. Training will be done via a bridge call, by Central Office as soon as the regulations are issued by RAID. A memo will be sent via e-mail to all workers and supervisors to focus their attention on the new regulation.</p>

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
			4. Written policy disseminated through Administrative Memo	09/03 1/04 3/04		<p><b>1<sup>st</sup> Quarter:</b> Request extension to 1/04. Information to staff re: implementation must be timed to coincide with training.</p> <p><b>2<sup>nd</sup> Quarter:</b> Request extension to March 2004. A decision was made that we could not begin to implement this regulation until it was certified. Certification occurred on February 23, 2004. Hard copies of the regulation will be sent to the field and the online version of the regulations will be updated to reflect the change By March 8, 2004.</p>
			5. Policy implemented statewide.	09/03 1/04 3/04		<p><b>1<sup>st</sup> Quarter:</b> Request extension to 1/04. Training must occur prior to implementation.</p> <p><b>2<sup>nd</sup> Quarter:</b> Request extension to March 2004. This action was delayed, pending certification of the regulation. It now will occur in March, 2004.</p>

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
<p>8.4. Increase use of Family Group Conferencing to:</p> <ul style="list-style-type: none"> <li>locate family members and maintain connections;</li> <li>assist in locating family members and increase placement with relatives</li> <li>participation in case planning</li> <li>locate family members as potential foster and adoptive parents</li> </ul>	Todd Reckling	<p>Item 8. Reunification, guardianship, or permanent placement with relatives (8.10)</p> <p><i>Item 14-</i> Preserving Connections (14.10),</p> <p><i>Item 15-</i> Relative Placement (15.4)</p> <p><i>Item 25-</i> Process to ensure each child has a case plan developed jointly w/ parents (25.6 )</p> <p><i>Item 44-</i> Diligent recruitment and retention of potential foster and adoptive parents (44.3)</p>	<p>1. Identify current utilization of family group conferencing through review of current contracts and numbers of families served.</p> <p>.</p>	<p><del>12/03</del></p> <p><del>1/04</del></p> <p>4/04</p>		<p><b>1<sup>st</sup> Quarter:</b> Extension Requested to 1/04. The Department has contracts with private agencies to provide traditional family group conferencing, as well as expedited family group conferencing, facilitation and mediation. These contracts are currently being examined along with producing numbers to identify families served. Request a change in the wording of the benchmark, eliminating the reference to number of families meeting the criteria for use of family group conferencing.</p> <p>Representatives from a Family Group Conferencing Center spoke at the Supervisor's Conference in Omaha on October 09, 2003 and explained FGC's, expedited FGC's, mediation, and facilitation that the Family Group Conferencing Centers are able to provide across the state as per their contracts with HHS. The purpose was to increase awareness and utilization of these services to locate and maintain familial connections between children and their families, neighbors, and communities.</p> <p><b>2<sup>nd</sup> Quarter:</b> Extension Requested to 4/04. Vicky Weisz from CCFL has been leading a research project that wants to examine the utilization and effectiveness of family group conferencing. The research team has developed a survey. The Central Office for Protection and Safety is currently working with Information Systems and Technology (IST) to produce the survey online for ease of use by participants. HHS staff will be one of the targeted groups to solicit feedback from based on their experiences with family group conferencing. There is a meeting scheduled with Vicky on March 02, 2004 to discuss the research process, survey process, utilization and evaluation.</p> <p>HHS currently has 5 contracts across the state with various mediation centers to provide family group conferences, expedited family group conferences, mediation, and facilitation.</p>



Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
			2. Identify targeted increase of family group conferencing to assist in locating family members or natural supports of family for placement opportunities based on current utilization.	03/04		
			3. Communicate to staff the availability and the expectation of meeting the targeted increase.	03/04		
			4. Develop and implement standardized supervisor oversight process to monitor compliance with increased use of Family Group Conferencing to assist in locating family members and maintain connections. Process will include time frames for supervisor's reconciliation of reports, and timeframe for development of corrective action plan	03/04		

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
8.5 Contract with family organizations to: <ul style="list-style-type: none"> <li>provide mentoring and supports to biological families in 8 areas of the state, and</li> <li>conduct a survey with bio families regarding whether they have been invited to participate in case planning hearings and case reviews.</li> </ul>	Todd Reckling	Item 8. Reunification, guardianship, or permanent placement with relatives 8.11) <i>Item 18</i> -Needs and services of child, parents and foster parents (18.6), <i>Item 29</i> - process for parents of children in foster care to be notified and provided opportunity to be heard in any review or hearing (29.3)	1. Issue request for qualifications/proposals	07/03	04/03	<b>1<sup>st</sup> Quarter:</b> A “Request for Qualifications” for Family Mentoring Programs was posted on the HHS website and published in the local papers on April 15, 2003.
			2. Review proposals	08/03	06/03	<b>1<sup>st</sup> Quarter:</b> Proposals were reviewed and scored by a review committee on June 12, 2003.
			3. Award contracts	08/03	06/03	<b>1<sup>st</sup> Quarter:</b> Contracts were awarded to one family mentoring program in each of the six service areas on June 16, 2003.
			4. Monitor contract performance - plans, goals and objectives	08/03 and ongoing	08/03	<b>1<sup>st</sup> Quarter:</b> Contracts are being monitored by a Central Office program Specialist through monthly conference calls with providers, quarterly face-face meetings and planned site visits. Site visits are slated to begin in January 2004. The programs had their first meeting together with Central Office staff on July 08, 2003 and October 03, 2003. Conference calls were held on August 07, September 04 and November 13, 2003.

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
			5. Develop survey in collaboration with family organizations.	03/04		<b>2<sup>nd</sup> Quarter:</b> This task has been assigned to Shirley Pickens-White. Shirley has been involved in the development and implementation of the family organizations and she is currently the program specialist assigned to this project. Shirley has started to think through what kind of information the survey will capture, and how to effectively utilize the information to make systems improvements in the way families are involved in case planning and case reviews.
			6. Conduct survey to determine if bio-families have been invited to and participate in case planning hearings and case review processes.	05/04		
			7. Establish baselines to determine whether or not bio- families have been invited to and participate in case planning hearings and case review processes.	06/04		
			8. Communicate with the staff, CIP and the Foster Care Review Board [FCRB] the results of the survey.	06/04		
			9. Conduct annual follow-up surveys to determine family involvement in being invited and actively participating in case planning hearings and case review processes.	06/05 and ongoing		
8.6. Distribute the Court Improvement Project "Guide for Parents and Foster Parents: Walking Your Way Through the Nebraska Juvenile Court Child Protection Process"	Margaret Bitz	Item 8. Reunification, guardianship, or permanent placement with relatives (8.12)	1. Review draft of Court Improvement Project "Guide for Parents and Foster Parents: Walking Your Way Through the Nebraska Juvenile Court Child Protection Process."	04/02	04/02	<b>1<sup>st</sup> Quarter:</b> HHSS reviewed the Court Improvement Project "Guide for Parents and Foster Parents: Walking Your Way through the Nebraska Juvenile Court Child Protection Process" prior to its distribution in April 2002.  <b>2<sup>nd</sup> Quarter:</b> This booklet continues to be distributed by the Center on Children, Families, and the Law
			2. Secure copies	11/03	04/02	<b>1<sup>st</sup> Quarter:</b> Copies were secured.

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
			3. Distribute copies of handbook to staff.	12/03	04/02	<b>1<sup>st</sup> Quarter:</b> In 04/02 CCFL began distributing this booklet. HHS offices are aware of its existence, and many are distributing it to parents and foster parents. CCFL has since updated the booklet to include ICWA and has published and is distributing a Spanish version of the booklet. In addition, CCFL has developed a separate booklet aimed specifically at foster parents. This booklet should be back from the printer early in 2004. In order to assure that field staff are aware of the booklets and how to obtain them, copies will be distributed again to the Protection and Safety Administrators in <i>February 2004</i> .
8.7. Develop a handbook for families of children involved with Protection and Safety to assure that families understand the system and their rights and responsibilities and supports available to them.	Todd Reckling	Item 8. Reunification, guardianship, or permanent placement with relatives (8.13) <i>Item 18</i> -Needs and services of child, parents and foster parents (18.8), <i>Item 25</i> - Process to ensure each child has a case plan developed jointly w/ parents (25.3)	1. Contract with the Federation of Families to develop a handbook for families and children involved with Protection and Safety.	09/02	09/02	<b>1<sup>st</sup> Quarter:</b> Contract was signed by Ron Ross and The Federation of Families on September 13, 2002

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
			2. Determine protocol for distribution of the handbook in collaboration with the Federation of Families.	09/03 2/04		<p><b>1<sup>st</sup> Quarter:</b> Requested Extension 02/04. The handbook has been sent back to the Federation on several occasions for corrections and revisions. This project is not yet completed. The handbooks will be distributed in February 2004 by HHS staff and the 6 Families Mentoring Families Agencies to families that the Family Agencies are involved with and by HHS caseworkers to families who have contact with the HHS system.</p> <p><b>2<sup>nd</sup> Quarter:</b> The Federation submitted a revised version of the handbook to HHS on 2/9/04. Shirley Pickens-White has been working with the Federation to finalize the handbook. A meeting has been scheduled for March 5, 2004 to discuss changes to the handbook. Once the revisions have been made, the draft will be mailed to the Families Mentoring Families Agencies for their feedback.</p>
			3. Cover letter and handbook distributed to HHS staff and to families.	09/03 02/04 6/04		<p><b>1<sup>st</sup> Quarter:</b> Requested Extension 02/04</p> <p><b>2<sup>nd</sup> Quarter:</b> Extension Requested to 6/04. The handbook has undergone several revisions to improve its quality. The handbook is currently being revised and is not ready for distribution. The Federation submitted a revised version of the handbook to HHS on 2/9/04. After review, there are still important changes that need to be made to the handbook. Shirley Pickens-White has been working with the Federation to finalize the handbook. A meeting has been scheduled for March 5, 2004 to discuss changes to the handbook. Once the revisions have been made, the draft will be mailed to the Families Mentoring Families Agencies for their feedback.</p>

**Item 9. Adoption**

**Goal Negotiated Measure; % of Improvement:** By 7-1-05, Nebraska will increase the percent of finalized adoptions that occur within 24 months of removal from their home from 8.2% to 11.1%.

**Baseline:** 8.2% established in FFY 2002 through N-FOCUS. **FFY 2003: 16.70%**

**Method of Measuring Improvement:** N-FOCUS

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
9.1. Develop policy regarding timely initiation and completion of home studies of adoptive parents	Margaret Bitz	Item 9. Adoption (9.13)	1. Policy developed in collaboration with the NRC's for Foster Care and Permanency Planning, Special Needs Adoption, and Family Centered Practice	<del>10/03</del> 4/04		<p><b>1<sup>st</sup> Quarter:</b> Request extension to 4/04 to ensure coordination with Recruitment and Retention Priority. Development of this policy is being included in the work done by the Recruitment and Retention Team. In addition, a home study format that will be required for all HHS home studies has been drafted and will be shared with the NRC's in December.</p> <p><b>2<sup>nd</sup> Quarter:</b> The home study format was developed and e-mailed to Stephanie Boyd Serafin, National Resource Center for Foster Care and Permanency Planning in December 2003. The format and content appear to be consistent with what our staff people have used for many years. We are seeking feedback regarding our strength-based approach, and is our home study format in keeping with best practice nationally. Ms. Serafin responded in January that she would forward formats from two other states that she thought were good models. At this point, we have not received these formats. By the end of this quarter, we will decide if we should await further consultation or use the format that has been developed with input from staff in our state.</p>
			2. Training developed in collaboration with HHS Training, University of Nebraska Center for Children, Families, and the Law (CCFL) and NRC's.	<del>12/03</del> 6/04		<p><b>2<sup>nd</sup> Quarter:</b> Request extension until 6/04. Training is delayed until a decision is made about the format.</p>
			3. Training conducted on written policy and practice in conjunction with overall training on case planning managers and supervisors	<del>03/04</del> 6/04		<p><b>2<sup>nd</sup> Quarter:</b> Request extension to 6/04. Training is delayed until a decision is made about the format.</p>

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
			4. Written policy disseminated through Administrative Memo.	04/04 6/04		2 <sup>nd</sup> Quarter: Request extension to 6/04.. Dissemination is delayed until a decision is made about format.
			5. Policy implemented statewide.	04/04 6/04		2 <sup>nd</sup> Quarter: Request extension to 6/04. Implementation is delayed until the above-described steps occur.
9.2. Develop a report that monitors timely initiation and completion of home studies of adoptive parents	Quality Assurance Administrator	Item 9. Adoption (9.14)	1. Develop an N-FOCUS report that monitors timely initiation and completion of home studies.	03/04		
			2. Provide supervisors and managers with reports on a monthly basis	03/04		
			3. Develop and implement standardized supervisor oversight process to monitor compliance with timely initiation and completion of home studies of adoptive parents. Process will include time frames for supervisor's reconciliation of reports, and timeframe for development of corrective action plan	04/04		
			4. Establish baseline regarding the timely initiation and completion of home studies of adoptive parents.	06/04		
			5. Establish targeted improvements based on baseline	06/04		
			6. Amend current home study contracts to address the timely initiation and completion of home studies of adoptive parents.	06/04		

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
			7. Develop and implement a corrective action plan for areas not meeting practice standards based on QA protocol. Plans will be developed by PSAs for their areas and submitted to the Administrator of the Office of Protection and Safety. QA protocol.	07/04 and ongoing		
9.3. Strengthen policy and practice regarding the transfer of cases in a timely manner including the early involvement of adoption workers when adoption becomes the goal for the child	Margaret Bitz	Item 9. Adoption (9.15)	1. Policy developed by HHSS.	03/04		
			2. Training developed by HHS Staff.	03/04		
			3. Train staff on written policy. Training to be conducted by managers and supervisors.	03/04		
			4. Completed training sign in sheets will be submitted to the PSA for the staff in that area.	03/04		
			5. Written policy disseminated through Administrative Memo.	04/04		
			6. Policy implemented statewide.	04/04		
9.4. Develop and implement methods for monitoring transfer of cases in a timely manner.	Quality Assurance Administrator	Item 9. Adoption (9.16)	1. Develop an N-FOCUS report that monitors the transfer of cases.	03/04		
			2. Provide supervisors and managers with report on a monthly basis.	03/04		



Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
			3. Develop and implement standardized supervisor oversight process to monitor compliance with transfer of cases in a timely manner. Process will include time frames for supervisor's reconciliation of reports, and timeframe for development of corrective action plan	03/04		
			4. Conduct case reviews on a sample of cases to monitor timely transfer of cases. Program staff from the Office of Protection and Safety will conduct case reviews. The sample will represent each Service Area and will be compiled by the Operations Team from the Office of Protection and Safety. Frequency of case reviews is based on QA protocols.	07/04		
			5. Establish baseline to monitor timely transfer of cases.	09/04		
			6. Establish targeted improvements based on baseline.	09/04		
			7. Develop and implement a corrective action plan for areas not meeting practice standards based on QA protocol. Plans will be developed by PSAs for their areas and submitted to the Administrator of the Office of Protection and Safety.	09/04 and ongoing		

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
9.5. Develop policy and practice for listing legally available children on adoption exchanges	Margaret Bitz	<i>Item 9. Adoption (9.17)</i> <i>Item 45-Process for effect cross jurisdictional resources to facilitate timely adoptions or perm placements (45.1)</i>	1. Policy developed in collaboration with the NRC's for Foster Care and Permanency Planning, Special Needs Adoption, and Family Centered Practice.	01/03	01/03	<p><b>1<sup>st</sup> Quarter:</b> Policy and guidebook material was developed and the NRC for Family Centered Practice reviewed the guidebook material and gave the opinion that it is in keeping with best practice.</p> <p>A Memo sent by the Director to all Protection and Safety staff, requiring that all children free for adoption, with a plan of adoption, and not yet in an adoptive home be placed on the appropriate adoption exchange(s) by April, 2003.</p> <p><b>2<sup>nd</sup> Quarter:</b> Regulation regarding this requirement has been submitted for public hearing, which likely will be scheduled for April, 2004.</p> <p>The Department has located an individual with whom to complete a letter of agreement to write the profiles for posting on the exchanges. Funding for this service is the AdoptUSKids grant that NE received. The letter of agreement is scheduled to be done in March, 2004.</p>
			2. Training developed in collaboration with HHS Training, University of Nebraska Center for Children, Families, and the Law (CCFL) and NRC's. Training will include the writing of adoption profiles for posting on the exchanges.	<del>12/03</del> 7/04		<b>2<sup>nd</sup> Quarter:</b> Extension Date Requested to 7/04. Mary Dyer, Adoption Specialist and Stacey Klimek, Training Specialist have met to review the Georgia Training Model to aid in revisions the Nebraska material.
			3. Training conducted on written policy and practice in conjunction with overall training on case planning. Managers and supervisors will conduct training with technical assistance from the NRC.	<del>03/04</del> 7/04		<b>2<sup>nd</sup> Quarter:</b> Extension Date Requested to 7/04. Mary Dyer, Adoption Specialist and Stacey Klimek, Training Specialist have met to review the Georgia Training Model to revise the Nebraska material
			4. Training sign in sheets will be submitted to the PSA for the staff in the area.	<del>03/04</del> 7/04		<b>2<sup>nd</sup> Quarter:</b> Extension Date Requested to 7/04.
			5. Written policy disseminated through Administrative Memo.	<del>04/04</del> 8/04		<b>2<sup>nd</sup> Quarter:</b> Extension Date Requested to 8/04.

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
			6. Policy implemented statewide.	04/04 8/04		<b>2<sup>nd</sup> Quarter:</b> Extension Date Requested to 8/04.
9.6. Develop and implement a method to monitor whether children available for adoption are placed on the adoption exchanges	Quality Assurance Administrator	Item 9. Adoption (9.18) <i>Item 45</i> -Process for effect cross jurisdictional resources to facilitate timely adoptions or perm placements (45.2)	1. Provide supervisors with a monthly report on the children available for adoptions that are not currently placed in adoptive homes.	03/03	03/03	<b>1<sup>st</sup> Quarter:</b> In March of 2003, a report was created that is given to supervisors on a monthly basis that identifies those children who are available for adoption and are not currently placed in an adoptive home.
			2. Develop and implement standardized supervisor oversight process to monitor compliance with children available for adoption being placed on adoption exchanges. Process will include time frames for supervisor's reconciliation of reports, and timeframe for development of corrective action plan	04/04		<b>2<sup>nd</sup> Quarter:</b> The N-FOCUS system includes a data field to show that a child has been placed on an exchange. A data run is being done to determine the extent to which this field is being used by field staff. Workers and supervisors will be reminded that the field is to be completed when appropriate. This information will be added to the report currently sent to field staff about children free for adoption and not in an adoptive home to enhance monitoring by supervisors.
			3. Conduct case reviews on a sample of cases to determine compliance on placing children on the adoption exchange. Program staff from the Office of Protection and Safety will conduct case reviews. The sample will represent each Service Area and will be compiled by the Operations Team from the Office of Protection and Safety. Frequency of case reviews is based on QA protocols.	07/04		
			4. Establish baseline to determine compliance with placing children available for adoption on the adoption exchange.	09/04		

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
			5. Establish targeted improvements based on baseline.	09/04		
			6. Develop and implement a corrective action plan for areas not meeting practice standards based on QA protocol. Plans will be developed by PSAs for their areas and submitted to the Administrator of the Office of Protection and Safety.	09/04 and ongoing		
9.7. Secure additional resources to support adoption activities.	Margaret Bitz	Item 9. Adoption (9.19)	1. Grant application completed and submitted to the National Adoption Exchange.	07/03	06/03	<b>1<sup>st</sup> Quarter:</b> Grant was awarded to HHS
			2. If grant is received, implement the grant activities to support placing children available for adoption on the adoption exchanges.	<del>10/03</del> <del>12/03 and ongoing</del> 3/04 and ongoing		<b>1<sup>st</sup> Quarter:</b> Request extension to 12/03 to allow completion of letter of agreement with identified contractor. The grant provides funds to contract for preparation of information about children for the adoption exchanges.  <b>2<sup>nd</sup> Quarter:</b> Request extension to 3/04. This task was not completed because the program specialist assigned was on extended medical leave. The individual with whom the letter of agreement is to be done is identified, and the letter will be completed and work begun in 3/04.
			3. Identify other potential resources to support adoption activities.	03/04		

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
<p>9.8. Strengthen HHSS Legal Services that support permanency for state wards by working with the courts to:</p> <ul style="list-style-type: none"> <li>• Locate and assess other relatives as potential placements;</li> <li>• File for termination of parental rights within ASFA guidelines.</li> <li>• Obtain adoption finalizations in a timely manner.</li> </ul>	Margaret Bitz	<p><i>Item 9. Adoption (9.20)</i></p> <p><i>Item 28-Process for termination of parental rights in accordance to ASFA (28.3)</i></p>	<p>1. In collaboration with the NRC's for Legal and Judicial Issues and HHS Legal Services. Analyze and identify barriers and recommend actions for legal services to support permanency. Implement recommendations identified for improving legal services to support permanency.</p>	<p><del>12/03</del> 5/04</p>		<p><b>1<sup>st</sup> Quarter:</b> Request extension to 5/04 to allow for gathering information, assessing and making recommended actions to implement. Focus groups are being held statewide to obtain input of HHS' Protection and Safety Legal Team and line staff regarding current support and what improvements are needed. The focus group meetings will be completed in January, 2004.</p> <p>In May, 2003, a conference call was held with Mimi Laver for assistance re: questionnaires for use with Legal staff and Field staff to gather information on current usage of the Protection and Safety Legal Team and what might be done to improve support to the field. In June, 2003, Ms. Laver sent questionnaires that she had developed as a sample. In October, 2003, the questionnaires were re-drafted to make them more relevant to NE. In November, 2003, the Team Leads and Mike Rumbaugh, Supervisor for the Protection and Safety Legal Team, met. After discussion, the decision was made to gather information via focus groups rather than questionnaires, using the questionnaires only if necessary. In November, all members of the Protection and Safety Legal Team participated in a focus group. On December 10, the first of six focus groups was held with supervisors and workers from the field. The remaining focus groups will occur in January, 2004. From information gathered thus far, it appears that holding focus groups was a much better choice than using the questionnaires, as the information gained is excellent and will be very useful in determining our next steps.</p> <p><b>2<sup>nd</sup> Quarter:</b> All service areas and legal staff have provided input through participation in the focus groups. Two were conducted in-person, one was conducted both in-person and with phone-in participants, and the remaining five were conducted by phone. (Originally the plan was to hold seven groups. An eighth was added to assure adequate input from the rural counties of the Eastern Service Area.) In addition, input was provided by one ICCU because of that staff's interest in participating in the survey. The TAPA Team is in the process of assessing information from the groups and will be issuing a report in March. This report will include identified strengths and barriers in current provision of legal support, and recommendations on improving permanency for children via changes in the legal approach or legal system.</p>

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
			2. Monitor the implementation of the recommended actions to assure recommendations are implemented and that permanency is being supported through the identified changes.	12/04		
			3. Collaborate with CIP and HHS Legal Services on strategies to overcome identified barriers.	12/04 and ongoing		
9.9 Develop and implement methods for measuring compliance requiring characteristic fields to be completed for children and foster parents.	Margaret Bitz		1. Require N-FOCUS use of child and provider characteristics fields to activate existing N-FOCUS matching capabilities	03/04		
			2. Develop an exception report on N-FOCUS that identifies characteristic fields are completed for all children and foster parents.	06/04		
			3. Develop and implement standardized supervisor oversight process to monitor compliance with requiring characteristic fields to be completed for children and foster parents on N-FOCUS. Process will include time frames for supervisor's reconciliation of reports, and timeframe for development of corrective action plan	06/04		
			4. Provide supervisors and managers with reports on a monthly basis	06/04		
			5. Require N-FOCUS use of child and provider characteristics fields to activate existing N-FOCUS matching capabilities	03/04		

**Item 10. Permanency goal of other planned permanent living arrangement**

**Goal Negotiated Measure; % of Improvement:** By 7-1-05, Nebraska will increase the percentage of children prepared for independent living upon release from state custody from 50% to 55%.

**Baseline:** 50% established during the CFSR

**Method of Measuring Improvement:** Nebraska CFSR

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
10.1. Strengthen policy and practice regarding Independent Living Plans for children 16 years of age and older.	Todd Reckling,	Item 10. Other planned permanent living arrangement. (10.1)	1. Policy developed by HHSS and in collaboration with the NRC on Youth Development.	<del>10/03</del> 07/04		<p><b>1<sup>st</sup> Quarter:</b> Extension requested 07/04. The Independent Living Coordinator revised HHS Guidebook for Independent Living Services in April 2003. However, as the CCP team advanced in their discussions regarding the use of family centered practice, it was decided that the Independent Living policy and guidebook really need to be revised to address ways of helping youth connect with family and communities as they move toward independent living. Therefore, the Independent Living material is not yet finalized.</p> <p>Nebraska wrote a proposal and was awarded a grant from the Administration for Children and Families to administer an Education and Training Vouchers Program (ETV) for current and former foster care youth. A "Request for Proposals" was release on November 14, 2003 to recruit and agency to administer the ETV Program. It is anticipated that the program will be operational by February 1, 2004. ETV information will be added to the new policy/guidebook that is being developed.</p> <p><b>2<sup>nd</sup> Quarter:</b> Mark Mitchell, program specialist, has been assigned to this project</p>
			2. Training developed by HHS Staff.	<del>12/03</del> 07/04		<b>1<sup>st</sup> Quarter:</b> Extension requested to 7/04. The policy and practice has not yet been developed so training has not occurred.
			3. Written policy disseminated through Administrative Memo.	<del>03/04</del> 07/04		<b>1<sup>st</sup> Quarter:</b> Extension requested 07/04
			4. Train staff on written policy. Training to be conducted by managers and supervisors.	<del>04/04</del> 07/04		<b>1<sup>st</sup> Quarter:</b> Extension requested 07/04

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
			5. Policy implemented statewide.	<del>04/04</del> 07/04		<b>1<sup>st</sup> Quarter:</b> Extension requested 07/04
10.2. Clarify expectations of foster parents/resource families regarding the assessment and development of independent living plans for children 16 years of age and older.	Todd Reckling	Item 10. Other planned permanent living arrangement (10.2)	1. Identify expectations in collaboration with NFAPA.	<del>10/03</del> 3/04		<b>1<sup>st</sup> Quarter:</b> Extension Request to 3/04 The Independent Living Coordinator will be setting up a meeting with Mary Burt, Director for the Nebraska Foster Adoptive Parent Association regarding the assessment and development of independent living plans for children 16 years of age or older.
			2. Communicate expectations to staff and foster parents through memo to staff, letter to foster parents, and an article in the NFAPA newsletter.	04/04		
			3. Incorporate independent living expectations into foster parent orientations, pre-service training, ongoing training and foster parent conferences	08/04		
10.3. Issue communication to staff about the responsibilities of the independent living contractor.	Todd Reckling	Item 10. Other planned permanent living arrangement (10.3).	1. Communication written and distributed	<del>10/03</del> 1/04	12/03	<b>1<sup>st</sup> Quarter:</b> Extension requested 01/04.  <b>2<sup>nd</sup> Quarter:</b> Mark Mitchell, program specialist, developed a communication that outlined the responsibilities of the independent living contractor and the differences in independent living services, transitional living, PALS program, and former ward program. The communication was sent out to all Protection and Safety Administrators and Supervisors on 12/16/2003.
10.4. Support Tribal activities for the assessment and development of independent living plans for tribal youth 16 years of age or older.	Todd Reckling	Item 10. Other planned permanent living arrangement. (10.4)	1. Renew contract with Central Plains Center for Services, specifying tribal set aside for independent living services and activities	10/03	10/03	<b>1<sup>st</sup> Quarter:</b> A newly issued contract with Central Plains for the period 10/01/2003 to 09/30/2004 was completed and signed on 10/25/2003.. Instead of Central Plains distributing the funding allocations for the Tribes, the Tribes were directly given an allocation to serve their youth 16 and over. The Tribal contracts with the Winnebago, Omaha, Ponce and Santee Tribes were issued and signed on 10/28/2003.



Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
			2. Support Tribal youth counsel and annual Tribal youth conference via a grant to the Nebraska Children and Family Foundation.	01/04	2/04	<p><b>1<sup>st</sup> Quarter:</b> A contract is currently being processed with the Nebraska Children's and Family Foundation and Services to be provided as part of the contract include a Tribal Youth Counsel Annual Conference to be conducted in the summer of 2004.</p> <p><b>2<sup>nd</sup> Quarter:</b> The contract with the Nebraska Children's and Family Foundation was finalized. Mark Mitchell, program specialist, is working with Cindy Filip from NCFF to oversee the activities of the Tribal Youth Counsel and the planning of the Tribal youth conference for this year.</p>
10.5. Develop and implement methods to monitor children 16 and older who do not have independent living plans.	Quality Assurance Administrator	Item 10. Other planned permanent living arrangement.(1 0.5)	1. Develop an N-FOCUS report that identifies youth 16 and older that do not have an independent living plan.	03/04		<p><b>2<sup>nd</sup> Quarter:</b> This project has been assigned to Mark Mitchell, program specialist for the Chafee Program, Youth Development Grant, Education and Training Vouchers, and Independent Living and Transitional Services. Mark will work with business analyst Lori Koenig to develop an N-FOCUS report to monitor children 16 and older who do not have independent living plans.</p>
			2. Develop and implement standardized supervisor oversight process to monitor compliance with children 16 or older who do not have independent living plans. Process will include time frames for supervisor's reconciliation of reports, and timeframe for development of corrective action plan	04/04		
			3. Provide supervisors and managers with reports on a monthly basis	03/04		<p><b>2<sup>nd</sup> Quarter:</b> This date should be 05/04 so that it follows the development of the tracking report</p>

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
			4. Conduct case reviews on a sample of cases to determine if the timely and appropriate re-assessment of permanency goals is occurring. Program staff from the Office of Protection and Safety will conduct case reviews. The sample will represent each Service Area and will be compiled by the Operations Team from the Office of Protection and Safety. Frequency of case reviews is based on QA protocols.	07/04		
			5. Establish baseline of youth that do not have independent living plans.	09/04		
			6. Establish targeted improvements based on baseline	09/04		
			7. Develop and implement a corrective action plan for areas not meeting practice standards based on QA protocol. Plans will be developed by PSAs for their areas and submitted to the Administrator of the Office of Protection and Safety.	09/04 and ongoing		

**Outcome P2: The continuity of family relationships and connections is preserved for children.**

**GOAL:** By 7-1-05, Nebraska will increase the continuity of family relationships and preserved connections for children 65.7% to 70%.

Evaluation method: Nebraska CFSR

**Baseline:** 65.7% established during the CFSR.

**Item 13. Visiting with parents and siblings in foster care**

**Goal Negotiated Measure; % of Improvement:** By 7-1-05, Nebraska will increase visitation with parents and siblings in foster care from 71% to 75%.

**Baseline:** 71% established during the Federal CFS Review.

**Method of Measuring Improvement: NE CFSR**

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
13.1. Develop and implement Resource Family Model (foster family) and policies to support and promote bonding and visitation between parents and children in resource family home	Chris Hanus	Item 13. Visiting with parents and siblings in foster care. (13.5) Item 16. Relationship of child in care with parents. (16.4)	1. Design model ,policy & practice in collaboration with the NFAPA and the NRC's for Child Maltreatment and Foster Care and Permanency Planning	06/04		
			2. Recruit and identify potential resources families that reflect the child's racial and ethnic backgrounds	09/04		
13.2. Conduct training for resource families and staff.		Item 13. Visiting with parents and siblings in foster care. (13.65) Item 16. Relationship of child in care with parents. (16.5)	1. Develop training in collaboration with NFAPA and the NRC's for Child Maltreatment and Foster Care and Permanency Planning and HHS Training Division	10/04		
			2. Train resource families regarding policy including racial, cultural, and ethnic backgrounds.	12/04		
			3. Train staff on written policy. Training to be conducted by managers.	12/04		
			4. Completed training sign in sheets will be submitted to the PSA for the staff in that area.	12/04		
			5. Policy Implemented	12/04		
			6. Monitor progress quarterly to achieve recruitment goal.	01/05 and ongoing		
13.3 Strengthen policy and practice to mandate monthly quality visits,	Margaret Bitz		1. Policy developed by HHSS and in collaboration with the NRC's for Family Centered Practice and Foster	09/02	08/02	In July & August 2002 policy mandating a minimum of monthly contact between a worker & youth, parent and out of home care provider was developed.

at a minimum between children and their families or more frequently based on identified needs to assure timely progress is being made towards permanency			Care and Permanency Planning			08-30-2002 a Program Memo was issued requiring staff to have monthly in-home contact with state wards. 10-30-02 a revised Program Memo was issues which clarified specifics regarding monthly contacts with youth.
			2. Training developed by HHS Staff.	09/02	09/02	09-02 Supervisors and administrative staff were asked to review this memo with staff, outline the front line work issues and how to enter the information on the data system. The Training Unit incorporated this policy into their new worker and on-going training.
			3. Training conducted on written policy by managers and supervisors.	09/02	09/02	09-02 Supervisors and administrative staff reviewed this memo with staff, outlined the front line work issues and how to enter the information on the data system. The Training Unit incorporated this policy into their new worker and on-going training.
			4. Written policy disseminated through Administrative Memo.	09/02	09/02	08-2002 Administrative Memo sent to staff outlining the new policy.
			5. Policy implemented statewide.	09/02	09/02	08-2002 Policy Implemented statewide based on the Administrative memo sent 08-02. Implementation was effective immediately so that all youth had their first required monthly contact by 09-30-2002.
13.5 Develop and implement methods to monitor timely and quality visits between children and their parents and siblings	Margaret Bitz		1. Develop N-FOCUS report that monitors compliance with visitation policies.	11/02	11/02	11-2002 reports were developed for staff, supervisors and managers to track monthly contact with youth and families
			2. Develop and implement standardized supervisor oversight process to monitor compliance with timely visits between children and their parents and siblings. Process will include time frames for supervisor's reconciliation of reports, and timeframe for development of corrective action plan	09/03	09/03	Each month the Deputy Administrator forwards a tracking report to supervisors and administrators. This report outlines the youth who have had a contact for the month in question and those who have not. Supervisors and administrators are notified at that time the 'due' date to have this information added to the data system in order for the 'contact' to count. The Deputy Administrator also forwards monthly reports outlining the status for the month regarding compliance. If the monthly percentage has not equaled or exceeded the

					<p>previous month numbers, a corrective action plan is developed to ensure that we are working towards meeting the goal of 90% compliance. This corrective action plan may be done at any level within the organization.</p> <p>A major initiative emerged from the CCP process. This is “proactive supervision” that is modeled after a project in Hamilton County Ohio. The same person who provided assistance in getting that project operational is working with HHS to implement it in Nebraska. One significant factor involved in the proactive supervision is that the supervisors routinely review a consistent set of factors regarding cases and this may include this particular compliance issue. The proactive supervisor process in Nebraska includes the following activities:</p> <p><b>February 25-27, April 7-8, May 28-30, July 15-17, 2003</b> CCP Team received several presentations on proactive supervision and material from the National Resource Center consultant, Carole Smith who worked with Hamilton Co, Ohio and continues to work with the NE supervisors.</p> <p><b>March 2003</b> Supervisor workgroup members named by Protection and Safety Administrators; members asked to respond to survey tool describing in detail their tasks and time spent on each in order to get baseline of current supervisory duties in Nebraska.</p> <p><b>5/16/03</b> First supervisory workgroup meeting in Kearney all day; involved 8 supervisors representing all three service areas, and key Central Office staff from Program and Human Resources, and Michelle Graef/Megan Potter from UNL-CCFL; discussed supervisory role in intake process and time in current activities, re-prioritization of supervisor’s time.</p> <p><b>5/29/03</b> (at CCP meeting) Supervisor workgroup was formally requested to examine Carole Smith’s proactive structured supervision model and make recommendations regarding possible implementation in Nebraska.</p> <p><b>6/23/03</b> All day Sarpv. Group meeting in Kearney. Time spent learning about the model, and included a conference call with Carole Smith for approximately 1 hour during the meeting. Continued discussion of current supervisory practice in Nebraska and challenges faced in implementing change.</p> <p><b>7/15, 16, 17, 2003</b> (at CCP meeting) Discussions of</p>
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						<p>model, additional presentation by Carole Smith, discussion of plan for implementation of model in Nebraska.</p> <p><b>7/18/03</b> Meeting of supervisor workgroup all day in Kearney. Worked with Carole Smith to learn more about proactive supervision. Carole created a genogram on a local Nebraska case. This was a major turning point in the project, and generated much excitement and enthusiasm among all team members.</p> <p><b>7/20 – 8/10, 2003</b> Determined that subgroup of NE supervisors workgroup should go to Hamilton County, Ohio to experience proactive supervision first-hand.</p> <p><b>8/12 &amp; 13, 2003</b> Four Nebraska supervisors traveled to Hamilton County, OH to learn more about proactive structured supervision from their supervisors, with on-site facilitation provided by Carole Smith.</p> <p><b>8/18 &amp; 19, 2003</b> Supervisor workgroup meeting in Kearney. The four workgroup members who traveled to Ohio brought back information and enthusiastically shared what they'd learned with the rest of the group. The team worked on adaptation of the Ohio forms they had brought back, and discussed how the process would work in Nebraska. Developed and presented recommendations for the implementation next steps and supports needed to the Protection and Safety Administrators Team, which was meeting in Kearney at the same time.</p> <p><b>9/3 &amp; 4, 2003</b> CCP meeting in Kearney. Continued work with Carole Smith on implementation of proactive supervision in Nebraska. Michelle Graef meeting in evening with Carole Smith and Mary Osborne to discuss issues in implementation.</p> <p><b>9/5/03</b> Supervisor workgroup meeting in Kearney. Follow-up from CCP meeting. Information from Todd Reckling and Michelle Eby co-leaders of the CCP Initiative regarding comprehensive assessment and integration of this with proactive supervision model. Continued work on forms for Nebraska and planning for presentation at Supervisors' statewide conference to be held in October.</p> <p><b>9/17 &amp; 18, 2003</b> Carole Smith here for consultation in Kearney with supervisor workgroup all day on 18th. Michelle Graef/Megan Potter meeting with Carole in evening of 17<sup>th</sup> with some of the supervision workgroup members. Continued the group's learning about the</p>
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						<p>model. Modification of some of the draft forms. Developed strategy and presentation for upcoming supervisor's conference. Discussed next steps in implementation.</p> <p><b>10/7 &amp; 8, 2003</b> Statewide Supervisor's Conference in Omaha. Carole Smith and 5 supervisors from Hamilton County, Ohio traveled to Nebraska and did presentations to all NE supervisors about proactive supervision including demonstration of a genogram and clinical case review process. The eight supervisor members of the workgroup participated in panel discussions and small group breakout sessions to facilitate rest of the state's supervisor's introduction to the concepts of the model and to answer their questions.</p>
			3. Conduct case reviews on a sample of cases to monitor the quality of visits between children and their parents. Program staff from the Office of Protection and Safety will conduct case reviews. The sample will represent each Service Area and will be compiled by the Operations Team from the Office of Protection and Safety. Frequency of case reviews is based on QA protocols.	07/03		<p>Each month the Deputy Administrator forwards a tracking report to supervisors and administrators. This report outlines the youth who have had a contact for the month in question and those who have not. Supervisors and administrators are notified at that time the 'due' date to have this information added to the data system in order for the 'contact' to count.</p> <p>The Deputy Administrator also forwards monthly reports outlining the status for the month regarding compliance. If the monthly percentage has not equaled or exceeded the previous month numbers, a corrective action plan is developed to ensure that we are working towards meeting the goal of 90% compliance. This corrective action plan may be done at any level within the organization</p>
			4. Establish baseline on compliance with visitation policy.	07/03		03-04 extension date requested. QA staff are not yet on board to assist in developing a formal process.
			5. Establish targeted improvements based on baseline	07/03		03-04 extension date requested. QA staff are not yet on board to assist in developing a formal process.
			6. Develop and implement a corrective action plan for areas not meeting practice standards based on QA protocol. Plans will be developed by PSAs for their areas and submitted to the Administrator of the Office of Protection and Safety.	07/03 and ongoing		Corrective action plans have been put in place where compliance with increasing the monthly contact with youth has not occurred.

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**Item 14. Preserving connections**

**Goal Negotiated Measure; % of Improvement:** By 7-1-05, Nebraska will increase their efforts in preserving connections 71% of applicable cases reviewed to 75%.

**Baseline:** 71% established during the CFSR.

**Method of Measuring Improvement:** Nebraska CFSR

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
14.1. Strengthen policy and practice Regarding ICWA to include Tribal notification and maintenance of their cultural beliefs, customs and traditions	Todd Reckling	Item 14. Preserving Connections. (14.4)	1. Policy developed by HHSS in collaboration with the ICWA Specialists and NICWA.	<del>10/03</del> 07/04		<p><b>1<sup>st</sup> Quarter:</b> Extension Requested to 07/04. The ICWA Specialist, Central Office management and the ICWA program specialist met with Dave Simmons on June 23, 2003 from NICWA center in Omaha, NE to discuss policy and practices related to best practices for Native American children. The issues of reasonable efforts and active efforts were discussed. One of the ICWA Specialists developed a guidebook of best practices for Native American children and families. HHS legal reviewed the guidebook in March 2003 and the information will be incorporated into the new policy/guidebook that is being developed.</p> <p><b>2<sup>nd</sup> Quarter:</b> John Penn, contracted ICWA Specialist, has submitted his case review findings for 2003. Belva Morrison, contracted ICWA Specialist, broke her wrist and required some additional time to complete her case reads. Belva has finished her case reads in the Western Service Area and will be submitting her report during the month of February 2004. Belva has been working on her case read findings report and we will incorporate the most recent information from the Western Service Area later this month. Todd Reckling, Chris Hanus, and Shirley Pickens-White met with John and Belva on February 27, 2004 to discuss the findings and to develop a strategic improvement plan based on findings from the ICWA compliance reviews of 2002 and 2003.</p>
			2. Training developed in collaboration with ICWA specialists.	<del>12/03</del> 07/04		<p><b>1<sup>st</sup> Quarter:</b> Extension Requested to 07/04. The ICWA Specialists are in the process of conducting case reviews to determine areas of improvement needing training. Reviews will be completed in December 2003, with a final report and recommendations submitted in January 2004. Based on the findings from the 2003 review and the 2002 review, specific strategies related to Tribal notification and maintenance of their cultural beliefs, customs and traditions will be developed.</p>
			3. Train staff on written policy.	<del>03/04</del>		<p><b>1<sup>st</sup> Quarter:</b> Extension Requested to 08/04.</p>



Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
			Training to be conducted by managers and supervisors.	08/04		
			4. Completed training sign in sheets will be submitted to the PSA for the staff in that area.	<del>03/04</del> 08/04		<b>1<sup>st</sup> Quarter:</b> Extension Requested to 08/04.
			5. Written policy disseminated through Administrative Memo.	<del>04/04</del> 08/04		<b>1<sup>st</sup> Quarter:</b> Extension Requested to 08/04.
			6. Policy implemented statewide.	<del>04/04</del> 08/04		
14.2. Develop and implement methods to measure ICWA compliance to determine progress in meeting the goal of preserving connections	Todd Reckling	Item 14. Preserving Connections (14.5)	1. Case reviews are conducted by contracted ICWA specialists	<del>12/03</del> 01/04	2/04	<p><b>1<sup>st</sup> Quarter:</b> Request Extension to 1/04. HHS currently has contracts with two ICWA Specialists, John Penn who covers the Eastern Service Area and Belva Morrison who covers the Western Service Area. As part of their contract for the year February 1, 2003 to January 31, 2004, each ICWA specialist is required to review a set minimum number of randomly selected ICWA cases from each of the HHS service areas. A final report from the ICWA review compliance will be compiled in January 2004 and submitted to the service areas.</p> <p><b>2<sup>nd</sup> Quarter:</b> John Penn, contracted ICWA Specialist, has submitted his case review findings for 2003. Belva Morrison, contracted ICWA Specialist broke her wrist and required some additional time to complete her case reads. Belva is finishing up her case reads in the Western Service Area and should be done during the month of February 2004. Belva has been working on her case read findings report and will incorporate the most recent information from the Western Service Area later this month. Todd Reckling, Chris Hanus, and Shirley Pickens-White have met with John and Belva on February 27, 2004 to discuss the findings and to develop a strategic improvement plan based on findings from the ICWA compliance reviews of 2002 and 2003.</p>
			2. Establish baselines on ICWA notification and placement with ICWA preferences.	<del>02/04</del> 4/04		<p><b>2<sup>nd</sup> Quarter:</b> Extension Requested to 04/04. Shirley Pickens-White, Program Specialist, has been working with our business analyst, Lori Koenig to improve our monthly Native American Report so it is more useful in identifying Tribal and State wards and their placements. Due to the case reads not being able to be finalized until early March 2004, we are requesting an extension establishing baselines. The</p>

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
						information from the case reads is vital in order to set accurate baselines.
			3. Develop and implement standardized supervisor oversight process to monitor compliance with ICWA policies. Process will include time frames for supervisor's reconciliation of reports, and timeframe for development of corrective action plan	04/04		
			4. Develop and implement a corrective action plan for areas not meeting practice standards based on QA protocol. Plans will be developed by PSAs for their areas and submitted to the Administrator of the Office of Protection and Safety.	05/04 and ongoing		
14.3. Implement contract language changes to require due diligence in securing culturally competent service providers.	Sherri Haber	Item 14. Preserving Connections (14.6)	1. Contract language incorporated in current and future contracts.	7/03 and ongoing	07/03	<b>1<sup>st</sup> Quarter:</b> Standardized language approved by HHS Legal Division regarding contractors use of due diligence in securing culturally competent staff was added as 'boiler plate' language to all contracts that were negotiated beginning July 1, 2003 and it is to be used for all future contracts.
14.4. Enhance N-FOCUS to capture data relating to placement of children and proximity to parents and school	Margaret Bitz	Item 14. Preserving Connections (14.11)	1. System Investigation Request to develop reports regarding proximity of children to parents and school	06/04		
			2. Change to current system code is made.	06/04		
			3. Code testing is completed and system is stable.	06/04		
			4. Submit release a note explaining the change and current requirements is posted to Lotus Notes for workers.	06/04		

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report

**Item 15. Relative Placement**

**Goal Negotiated Measure; % of Improvement:** By 7-1-05, Nebraska will improve its efforts in locating possible relatives for placement from 67% of applicable cases reviewed to 75% of applicable cases reviewed.

**Baseline:** 67% established during CFSR

**Method of Measuring Improvement:** Nebraska CFSR

All Action Steps and Benchmarks for this item are included in other items.

**Item 16. Relationship of child in care with parents**

**Goal Negotiated Measure; % of Improvement:** By 7-1-05, Nebraska will improve its efforts to support the parent-child relationship 55% of the applicable cases to 65%.

**Baseline:** 55% established during the CFSR

**Method of Measuring Improvement:** Nebraska CFSR and practice

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
16.1. Collaborate with the Nebraska Children and Families Foundation on the Fatherhood Initiative.	Chris Hanus	<i>Item 16. Relationship of child in care with parents. (16.6)</i> <i>Item 17- Needs and services of child, parents and foster parents (17.1)</i>	1. Renew contract with Nebraska Children and Families Foundation for a Fatherhood Initiative.	11/03	12/03	<b>1<sup>st</sup> Quarter:</b> The contract with Nebraska Children and Families Foundation was renewed in 12/03 with an effective date of November 1, 2003. This contract includes support of the fatherhood initiative.
			2. Send communication to fathers of state wards about fatherhood initiative and available resources in collaboration with the Nebraska Children and Families Foundation.	<del>12/03</del> 02/04 5/04		<b>1<sup>st</sup> Quarter:</b> Request Extension to 2/04. Since the contract was renewed in 12/03 for 11/03, this will allow the Nebraska Children and Families Foundation and opportunity to compose and send a letter to fathers of state wards communicating the available resources to them.  <b>2<sup>nd</sup> Quarter:</b> Request extension to 5/04. Additional discussion needed to determine how best to reach fathers of state wards.
			3. Conduct in-service training for staff across the state on fatherhood initiative. Training to be conducted by	06/04		

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
			the Nebraska Children and Families Foundation.			
			4. Research other states' supports for non-custodial fathers to identify tools and resources	06/04		
16.2 Strengthen policy and practice regarding visits between parents and children and between siblings including supervised and non-supervised visits. This would include encouraging parents to participate in medical appointment and school events.	Margaret Bitz		1. Policy developed by HHSS and in collaboration with the NRC's for Family Centered Practice and Foster Care and Permanency Planning	03/04		
			2. Training developed by HHS Staff.	09/04		
			3. Train staff on written policy. Training to be conducted by managers and supervisors.	12/04		
			4. Completed training sign in sheets will be submitted to the PSA for the staff in that area.	12/04		
			5. Written policy disseminated through Administrative Memo.	01/05		
			6. Policy implemented statewide.	01/05		
16.3 Develop a method to measure visits between children and their parents and siblings.	Margaret Bitz		1. Conduct case reviews on a sample of cases to monitor the quality of visits between children and their parents. Program staff from the Office of Protection and Safety will conduct case reviews. The sample will represent each Service Area and will be compiled by the Operations Team from the Office of Protection and Safety. Frequency of case reviews is based on	04/05		

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
			QA protocols			
			2. Establish baseline on compliance with visitation policy.	04/05		
			3. Establish targeted improvements based on baseline	04/05		
			4. Develop and implement standardized supervisor oversight process to monitor compliance with visitation policy. Process will include time frames for supervisor's reconciliation of reports, and timeframe for development of corrective action plan	12/04		
			5. Develop and implement a corrective action plan for areas not meeting practice standards based on QA protocol. Plans will be developed by PSAs for their areas and submitted to the Administrator of the Office of Protection and Safety	04/05 and ongoing		

**Outcome WB1: Families have enhanced capacity to provide for their children's needs.**

**GOAL:** By 7-1-05, Nebraska will increase its efforts in enhancing families capacity to provide for the children's needs from 32% of the applicable cases reviewed to 50%.

**Evaluation method:** Nebraska CFSR

**Baseline:** 32% established during the Federal CFSR

**Item 17. Needs and services of child, parents, foster parents**

**Goal Negotiated Measure; % of Improvement:** By 7-1-05, Nebraska will increase its ability to adequately assess the needs and provide appropriate services to children, parents and foster parents from 56% of the applicable cases reviewed to 65%.

**Baseline:** 56% established during the Federal CFS Review.

**Method of Measuring Improvement:** Nebraska CFSR

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
17.1. Strengthen case planning policy and	Margaret Bitz	<i>Item 17 – needs and services of</i>	1. Policy developed in collaboration with the NRC's for Child	<del>09/03</del> 07/04		<b>1<sup>st</sup> Quarter:</b> Request extension to <i>07/04</i> . It is necessary to make decisions on the flow of work prior to developing the

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
practice to ensure: <ul style="list-style-type: none"> <li>needed services are identified in the comprehensive assessment process and provided to the family as well as the non-custodial parent;</li> <li>children, parents and support networks are included in initial case plan development and ongoing reassessment of the case plan</li> </ul>		<i>child, parents, and foster parents. (17.4)</i> <i>Item 18-</i> child and Family involvement in case planning (18.3), <i>Item 25-</i> Process that ensures that each child has a written case plan developed jointly with child and parents (25.1)	Maltreatment, Foster Care and Permanency Planning and Family Centered Practice			<p>policies. Based on work done by the Comprehensive Assessment Process Team, HHS has established a clear philosophy and basis for all work done in Protection and Safety. That philosophy now is being used to revamp the system in Nebraska, beginning with Intake. The second phase, Comprehensive Case Assessment, has begun the process of developing the work process and policies. Case planning will be a part of that work.</p> <p>The CCP group has identified services that are needed throughout the case. There is an emphasis placed on informal and community-based supports and services. Involvement of the non-custodial parent and other relatives for services and supports to the family are stressed in the new assessment process and service identification based on a family-centered approach. (GGO, 11/25/03) Service provision is currently collected in NCANDS. Additional analysis is needed to perfect its collection.</p>
			2. Training developed in collaboration with HHS Training, University of Nebraska Center for Children, Families and the Law (CCFL) and NRC's	<del>11/03</del> 08/04		<p><b>1<sup>st</sup> Quarter:</b> Extension date requested to 08/04. The same services that have been offered by HHS will remain available such as intensive family preservation, family support, individual and family therapy, etc. In addition, HHS will diligently work to involve kinship care into service delivery. Piloting of the comprehensive assessment with the use of more family supports will be test piloted in February 2004. Training is in the development stages at this time.</p>
			3. Train staff on written policy. Training to be conducted by managers and supervisors.	12/03		
			4. Completed training sign in sheets will be submitted to the PSA for the staff in that area.	12/03		
			5. Written policy disseminated through Administrative Memo.	12/03		

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
			6. Policy implemented statewide.	01/04		
17.2. Develop and implement methods for measuring compliance with policy regarding case plans <ul style="list-style-type: none"> <li>Involvement of appropriate people in case planning process</li> </ul>	Quality Assurance Administrator	<i>Item 17 – needs and services of child, parents, and foster parents. (17.5)</i> <i>Item 18- child and Family involvement in case planning (18.4),</i> <i>Item 25- Process that ensures that each child has a written case plan developed jointly with child and parents (25.2)</i>	1. Provide supervisors and managers with reports on a monthly basis	07/02	07/02 and ongoing	<b>1<sup>st</sup> Quarter:</b> N-FOCUS produces 3 reports that are disseminated monthly to Protection and Safety Administrators, Supervisors and workers. The first report indicates at the office and individual worker level the names of children who have not had a case plan established within 60 days of custody. Based on this report, another report is generated that is categorized by service areas that track trends of compliance/non-compliance with policy. The third report indicates the percentage of children who do not have a case plan.
			2. Develop and implement standardized supervisor oversight process to monitor compliance with case plans. Process will include time frames for supervisor's reconciliation of reports, and timeframe for development of corrective action plan	08/03	8/02	<b>1<sup>st</sup> Quarter:</b> Each month the Deputy Administrator forwards these reports to Administrators, Supervisors and to monitor data on compliance.  A major initiative emerged from the CCP process. This is "proactive supervision" that is modeled after a project in Hamilton County Ohio. The same person who provided assistance in getting that project operational is working with HHS to implement it in Nebraska. One significant factor involved in the proactive supervision is that the supervisors routinely review a consistent set of factors regarding cases and this may include this particular compliance issue particularly the quality dimension. The proactive supervisor process in Nebraska includes the following activities: <b>February 25-27, April 7-8, May 28-30, July 15-17, 2003</b> CCP Team received several presentations on proactive supervision and material from the National Resource Center consultant, Carole Smith who worked with Hamilton Co, Ohio and continues to work with the NE supervisors <b>March 2003</b> Supervisor workgroup members named by

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
						<p>Protection and Safety Administrators; members asked to respond to survey tool describing in detail their tasks and time spent on each in order to get baseline of current supervisory duties in Nebraska.</p> <p><b>5/16/03</b> First supervisory workgroup meeting in Kearney all day; involved 8 supervisors representing all three service areas, and key Central Office staff from Program and Human Resources, and Michelle Graef/Megan Potter from UNL-CCFL; discussed supervisory role in intake process and time in current activities, re-prioritization of supervisors time.</p> <p><b>5/29/03</b> (at CCP meeting) Supervisor workgroup was formally requested to examine Carole Smith's proactive structured supervision model and make recommendations regarding possible implementation in Nebraska.</p> <p><b>6/23/03</b> All day Sarpy. Group meeting in Kearney. Time spent learning about the model, and included a conference call with Carole Smith for approximately 1 hour during the meeting. Continued discussion of current supervisory practice in Nebraska and challenges faced in implementing change.</p> <p><b>7/15, 16, 17-2003</b> (at CCP meeting) Discussions of model, additional presentation by Carole Smith, discussion of plan for implementation of model in Nebraska.</p> <p><b>7/18/03</b> Meeting of supervisor workgroup all day in Kearney. Worked with Carole Smith to learn more about proactive supervision. Carole created a genogram on a local Nebraska case. This was a major turning point in the project, and generated much excitement and enthusiasm among all team members.</p> <p><b>7/20 – 8/10, 2003 Determined</b> that subgroup of NE supervisor's workgroup should go to Hamilton County, Ohio to experience proactive supervision first-hand.</p> <p><b>8/12 &amp; 13, 2003</b> Four Nebraska supervisors traveled to Hamilton County, OH to learn more about proactive structured supervision from their supervisors, with on-site facilitation provided by Carole Smith.</p> <p><b>8/18 &amp; 19, 2003</b> Supervisor workgroup meeting in Kearney. The four workgroup members who traveled to Ohio brought back information and enthusiastically shared what they'd learned with the rest of the group. The team worked on adaptation of the Ohio forms they had brought back, and</p>



Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
						<p>discussed how the process would work in Nebraska. Developed and presented recommendations for the implementation next steps and supports needed to the Protection and Safety Administrators Team, which was meeting in Kearney at the same time.</p> <p><b>9/3 &amp; 4, 2003</b> CCP meeting in Kearney. Continued work with Carole Smith on implementation of proactive supervision in Nebraska. Michelle Graef meeting in evening with Carole Smith and Mary Osborne to discuss issues in implementation.</p> <p><b>9/5</b> Supervisor workgroup meeting in Kearney. Follow-up from CCP meeting. Information from Todd Reckling and Michelle Eby co-leaders of the CCP Initiative regarding comprehensive assessment and integration of this with proactive supervision model. Continued work on forms for Nebraska and planning for presentation at Supervisors' statewide conference to be held in October.</p> <p><b>9/17 &amp; 18, 2003</b> Carole Smith here for consultation in Kearney with supervisor workgroup all day on 18th. Michelle Graef/Megan Potter meeting with Carole in evening of 17<sup>th</sup> with some of the supervision workgroup members. Continued the group's learning about the model. Modification of some of the draft forms. Developed strategy and presentation for upcoming supervisor's conference. Discussed next steps in implementation.</p> <p><b>10/7 &amp; 8, 2003</b> Statewide Supervisor's Conference in Omaha. Carole Smith and 5 supervisors from Hamilton County, Ohio traveled to Nebraska and did presentations to all NE supervisors about proactive supervision including demonstration of a genogram and clinical case review process. The eight supervisor members of the workgroup participated in panel discussions and small group breakout sessions to facilitate rest of the state's supervisor's introduction to the concepts of the model and to answer their questions.</p>
			3. Establish baseline regarding the timely establishment of permanency goals	07/03	06/02	<b>1<sup>st</sup> Quarter:</b> A baseline was established in 6/02. This baseline was 54%
			4. Conduct case reviews on a sample of cases to monitor the involvement of the appropriate people in the case	07/04		

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
			planning process. Program staff from the Office of Protection and Safety will conduct case reviews. The sample will represent each Service Area and will be compiled by the Operations Team from the Office of Protection and Safety. Frequency of case reviews is based on QA protocols. (From 18.4.1)			
			4. Establish targeted improvements based on baseline.	08/03	06/02	<b>1<sup>st</sup> Quarter:</b> Targeted improvement was established to reach 100% by 1/1/03. As of 9/1/03, compliance was at 88%.  Baseline Established: 90%  Targeted Improvement: 100%
			5. Develop and implement a corrective action plan for areas not meeting practice standards based on QA protocol. Plans will be developed by PSAs for their areas and submitted to the Administrator of the Office of Protection and Safety.	08/03 and ongoing	08/02	<b>1<sup>st</sup> Quarter:</b> If the monthly percentage has not equaled or exceeded the previous month numbers, a correction action plan is developed to ensure that we are working towards meeting the goal of 90% compliance. This corrective action plan can be completed at any level within the organization.
17.3. Develop and provide supports to foster, relative and adoptive parents to meet identified needs.	Chris Hanus	<i>Item 17 – needs and services of child, parents, foster parents (17.6)</i> <i>Item 29- Process for foster parents, pre-adoptive parents and relative caregivers to be notified and have opportunity to be heard in any review or hearing</i> <i>Item 44- Process</i>	1. Renew contract with the Nebraska Foster Parent Association to provide mentoring supports.	07/03	07/03	<b>1<sup>st</sup> Quarter:</b> Completed contract renewal effective July 1, 2003.

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
		to ensure diligent recruitment and retention of potential foster and adoptive parents (44.4)				
			2. Conduct foster parent surveys in collaboration with NFAPA. <ul style="list-style-type: none"> <li>To determine support issues; and</li> <li>whether or not they have been invited to and actively participated in reviews / hearings.</li> </ul>	<del>10/03</del> 1/04	1/04	<b>1<sup>st</sup> Quarter:</b> Extension Requested to 1/04. A foster parent satisfaction survey was developed in collaboration with the Nebraska Foster and Adoptive Parents Association in April and May of 2003.  <b>2<sup>nd</sup> Quarter:</b> The survey will be mailed to current foster and adoptive parents in January 2004. A report regarding the returned surveys was compiled in 2/04 Returned surveys were tallied and a composite report of results will be available in May of 2004. In addition, NFAPA surveys foster parents exiting the system. A report is available on data collected from January 2003 through September 2003. This survey was developed in collaboration with the Department and NFAPA.
			3. Analyze information from the foster parent survey to identify retention needs	<del>12/03</del> 5/04		<b>1<sup>st</sup> Quarter:</b> Extension Requested to 5/04. Surveys will be sent in January of 2004. This will allow time for foster and adoptive parents to complete and return their surveys and allow for a report to be generated to be analyzed.
			4. Establish baseline of foster parent satisfaction identified through the survey in collaboration with NFAPA.	<del>12/03</del> 5/04		<b>1<sup>st</sup> Quarter:</b> Extension Requested to 5/04. Results of the surveys need to be available in order to establish a baseline.
			5. Establish targeted improvements based on baseline	<del>12/03</del> 5/04		<b>1<sup>st</sup> Quarter:</b> Extension Requested to 5/04. A baseline needs to be established in order to target improvements.
			6. Redesign respite care support program	<del>12/03</del> 5/04		<b>1<sup>st</sup> Quarter:</b> Extension Requested to 5/04. The information gathered through the surveys is important and needed information for redesigning the respite care support program.
			7. Implement respite care support program.	06/04		
			8. Reassess foster parent satisfaction by conducting follow-up surveys.	06/04		

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
			9. Determine and implement improvement strategies.	07/04 and ongoing		
17.4. Collaborate with the Doral Group, Inc. who will work in conjunction with the Center for Marriage and the Family at Creighton University.	Margaret Bitz	Item 17 – needs and services of child, parents, foster parents (17.8)	1. Contract with The Doral Group, Inc.	08/03	07/03	<p><b>1<sup>st</sup> Quarter:</b> Initial contract with Doral Group in July of 2003 to write a grant proposal for Healthy Marriage Initiative funds. Nebraska was awarded a 3 year grant from September 2003 to September 2006 at \$200,000 per year. The “kick-off” event sponsored by Governor Johanns at the Governor’s Mansion was held in 11/03. Federal ACF representatives, Congressional representatives, State legislators and representatives, State agency and County representatives were in attendance.</p> <p>Held planning meeting with grant partners on October 5, 2003.</p> <p>HHS and the Doral Group now are beginning work to implement the grant activities. This contract was signed by Ron Ross on November 28, 2003.</p> <p>Attended ACF grantees conference in Washington DC on December 8-10, 2003.</p> <p><b>2<sup>nd</sup> Quarter:</b> Marketing plan which includes community awareness, client &amp; mentor couple recruitment was developed but cannot be implemented until community baseline survey results have been received 3/25/04. Marketing plan implementation date is 4/04. The program brochure has been developed with a 4/04 distribution date planned. Conference planned for April of 04 have been delayed until community based survey results have been received. Conference now planned for August 04, June 05 and July 06.</p>
			2. Request technical assistance from Regional ACF.	10/03	6/03	<p><b>1<sup>st</sup> Quarter:</b> HHS and the Doral Group have received and will continue to utilize TA from ACF, both at the Regional and National level.</p>



Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
						<p>discuss case planning and how to identify and incorporate the family's and child's strengths during case planning and assessment.</p> <p>Draft tools for a family centered comprehensive assessment, case plan, court report, and convening a family team meeting have been developed, but not finalized.</p> <p><b>2<sup>nd</sup> Quarter:</b> Family-centered practice continues to be developed in policy and practice for use throughout the life of a case. In February 2004, Central Office started working with Nancy Montanez (CEO Western Service Area) to bring family-centered practice training to the program specialists and administrators in the Central Office. This training is being planned for March or April 2004.</p> <p>Due to the extreme demands placed on the protective services system after implementing the new specialized Intake tools and processes, the comprehensive assessment and family-centered practice have been slower to finalize development on and implement. Some of the service areas such as the Western Service Area have the vast majority of their workers trained in family-centered practice. The Central Service Area is in the process of planning for family-centered practice training for their area. There will be subsequent discussions on the comprehensive assessment implementation plan on March 17, 2004 at the next chartered NFP meeting</p>
			2. Training developed in collaboration with HHS Training, University of Nebraska Center for Children, Families, and the Law (CCFL) and NRC's.	<del>10/03</del> 07/04		<p><b>1<sup>st</sup> Quarter:</b> Extension requested to 07/04. Training to include decisions and linkages, initial safety check, discovering strengths, and convening a family team. is still being revised based on family-centered practice principles. Training that was delivered for Intake included a family centered approach in the method and type of information being collected from the reporter about the family. Family-Centered Practice Training was delivered to the training unit on August 14, 2003 with 5 of the trainers. Family Centered Practice Training was also delivered to the supervisors targeted to pilot the comprehensive assessment on October 29, 2003 and November 19, 2003. Some of the Central Office Program Specialists attended the training on October</p>

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
						29, 2003. Additional family centered practice training will be delivered to the pilot site supervisors and central office staff in January 2004. It is still not determined with all workers will receive family centered practice training. The Western Service Area has individually been training staff from its service area regarding family centered practice approaches.
Develop and implement methods for measuring quality of case plans			Identify standards of quality and methods of measurement of quality of case plans.	07/04		
			Develop and implement standardized supervisor oversight process to monitor compliance with having quality case plans. Process will include time frames for supervisor's reconciliation of reports, and timeframe for development of corrective action plan	07/04		
			Implement methods of measurement on the quality of case plans.	09/04		
			Develop and implement a corrective action plan for areas not meeting practice standards based on QA protocol. Plans will be developed by PSAs for their areas and submitted to the Administrator of the Office of Protection and Safety.	09/04 and ongoing		

**Item 19. Worker visits with child**

**Goal Negotiated Measure; % of Improvement:** By 7-1-05 Protective Service Workers will increase monthly visitation with children from 60% of the applicable case reviewed to 75%.

**Baseline:** 60% established during the CFSR

**Method of Measuring Improvement:** N-FOCUS

Action Steps and Benchmarks for this item are included with other items.

**Item 20. Worker visits with parents**

**Goal Negotiated Measure; % of Improvement:** By 7-1-05, Protective Service Workers will increase monthly visitation with parents from 44% of the applicable case reviewed to 65%.

**Baseline:** 44% established during the Federal CFS Review

**Method of Measuring Improvement:** N-FOCUS

Action Steps and Benchmarks for this item are included with other items.

**Outcome WB2: Children receive appropriate services to meet their educational needs.**

**GOAL:** By 7-1-05, Nebraska will increase its effectiveness of ensuring children receive appropriate services to meet their educational needs from 86.1% of the applicable cases reviewed to 90%.

**Evaluation method:** Nebraska CFSR

**Baseline:** 86.1% established during the CFSR

**Item 21. Educational needs of the child.**

**Goal Negotiated Measure; % of Improvement:** By 7-1-05, Nebraska will increase the educational support for special needs children. from 86.1% of the applicable cases reviewed to 90%.

**Baseline:** 86.1% established during the CFSR

**Method of Measuring Improvement:** Nebraska CFSR

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
21.1. Develop standardized case file format to include an educational section and what is to be included in the section.	Sherri Haber	Item 21. Educational needs (21.1)	1. Case file format developed.	04/03	04/03	<b>1<sup>st</sup> Quarter:</b> In April 2003 a Standardized format for the Protection & Safety case file was developed. Input was obtained from Program Staff, trainers and a review of previous policies. Consensus was obtained as to the format & content. A final document was prepared.
			2. Standardized format communicated to staff through Management Memo.	04/03	04/03	<b>1<sup>st</sup> Quarter:</b> On 04/17/03 an Administrative Memo was sent to staff outlining the standardized case file format
			3. Training developed by HHS Staff.	05/03	05/03	<b>1<sup>st</sup> Quarter:</b> In April 2003 the Training division incorporated the standardized case file format into the training components.
			4. Train staff on written policy. Training to be conducted by managers and supervisors.	05/03	05/03 and ongoing	<b>1<sup>st</sup> Quarter:</b> In April & May 2003 supervisors and managers across the state met with staff during their staff meetings and reviewed the new format, received feedback and implemented.
			5. Case file format implemented statewide.	05/03	05/03	<b>1<sup>st</sup> Quarter:</b> The new case file format was fully implemented in May 2003 with all new cases using the new format. Because of workload issues, we did not have staff change existing files. The field did ask Central Office to purchase pre-labeled dividers/inserts. In August 2003, shipments of these were received and distributed to the field.
21.2. Strengthen state ward education policy and practice to include	Margaret Bitz	Item 21. Educational needs (21.2)	1. Policy developed by HHSS.	<del>10/03</del> 03/04		<b>1<sup>st</sup> Quarter:</b> Request extension to 3/04. HHS is working with the NE Department of Education to explore the use of an online, computer based curriculum for use with children



Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
obtaining appropriate educational assessments and educational records, and follow up with educational recommendations to be documented in the case plan and addressed at the periodic review.						<p>who must be moved from their home school district. This includes working with the Department of Education to obtain appropriate educational assessments and educational records, and follow up with educational recommendations to be documented in the case plan and addressed at the periodic review. Once this work has been completed, HHS will develop policy.</p> <p><b>2<sup>nd</sup> Quarter:</b> Exploration of the online curriculum is continuing.</p> <p>On February 14, 2004 personnel from the NE Department of Education and HHS met to discuss implementation of Rule 18. This regulation, certified by the Department of Education on December 29, 2003, will assure quality education of youth in NE facilities that have their own schools. It requires approval of each school by the NE Board of Education, based on a number of criteria. One example of a criterion is that the facility must have in place a liaison to the youth's home school district to assure that the youth will receive school credit for education received at the facility. Implementation of Rule 18 will begin in the summer of 2004, with the expectation that schools wanting to receive payment from HHS for HHS or court wards in placement will have to be approved by approximately March, 2005.</p> <p>On February 18, 2004, the Court Improvement Project hosted a meeting of persons from the NE Department of Education, courts, and HHS. Two of the people in attendance also were foster parents. The meeting began with a presentation by Kathleen McNaught (of the National Child Welfare Resource Center on Legal and Judicial Issues) on key roles and issues in educational advocacy for children in child welfare cases. The group then discussed barriers to education of children in care, e.g., mobility, lack of information sharing, lack of advocacy, and ineffective communication. As a result of the meeting, a small group of people will be meeting to identify 2-3 issues to receive intensive focus in the next year. Those issues will be presented at a larger meeting/conference of persons who will be asked to commit to making the changes. The Court</p>

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
						Improvement Project and NE Department of Education will take the lead in organizing this effort, with involvement from HHS.
			2. Training developed by HHS Staff.	<del>12/03</del> 6/04		<b>2<sup>nd</sup> Quarter:</b> Request extension to 6/04 to allow time to work with the Court Improvement Project and NE Department of Education to identify system wide efforts that will have the greatest impact on improving education opportunities for wards.
			2. Train staff on written policy. Training to be conducted by managers and supervisors.	<del>03/04</del> 6/04		<b>2<sup>nd</sup> Quarter:</b> Request extension to 6/04.  One effort that will be completed in 3/04 is a re-issuance of information to field staff regarding their responsibility in notification to schools when a ward is transferring in. This notification includes: the worker's opinion about a parent's intent to maintain his/her education rights for the child.
			3. Completed training sign in sheets will be submitted to the PSA for the staff in that area.	<del>03/04</del> 6/04		<b>2<sup>nd</sup> Quarter:</b> Request extension to 6/04
			4. Written policy disseminated through Administrative Memo.	<del>04/04</del> 6/04		<b>2<sup>nd</sup> Quarter:</b> Request extension to 7/04
			6. Policy implemented statewide.	<del>04/04</del> 6/04		<b>2<sup>nd</sup> Quarter:</b> Request extension to 7/04
21.3. Develop and implement methods for measuring compliance with policy relating to education of state wards.	Quality Assurance Administrator	Item 21. Educational needs (21.3)	1. Conduct case reviews on a sample of cases to monitor compliance with the education policy for state wards. Program staff from the Office of Protection and Safety will conduct case reviews. The sample will represent each Service Area and will be compiled by the Operations Team from the Office of Protection and Safety. Frequency of case reviews is based on QA protocols.	07/04		
			2. Develop and implement standardized supervisor oversight process to monitor compliance with the education policy for state wards and to assure that educational records are	03/04		

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
			contained in the file. Process will include time frames for supervisor's reconciliation of reports, and timeframe for development of corrective action plan			
			3. Establish baseline to measure compliance with the education policy for state wards.	09/04		
			4. Establish targeted improvements based on baseline.	09/04		
			5. Develop and implement a corrective action plan for areas not meeting practice standards based on QA protocol. Plans will be developed by PSAs for their areas and submitted to the Administrator of the Office of Protection and Safety.	09/04 and ongoing		
21.4. Service area management staff will meet with administrative staff from local schools each school year to discuss educational issues of state wards.	Chris Hanus	Item 21. Educational needs (21.4)	1. Meetings conducted and documented.	12/04		
			2. HHS and schools jointly develop and implement action plans to address identified problems.	03/05		

**Outcome WB3: Children receive adequate services to meet their physical and mental health needs.**

**GOAL:** By 7-1-05, Nebraska will increase its efforts to ensure children receive adequate services to meet their physical and mental health needs from 55.3% of the applicable cases reviewed to 60%.

**Evaluation method:** Nebraska CFSR

**Baseline:** 55.3% established during the CFSR

**Item 22. Physical health of the child**

**Goal Negotiated Measure; % of Improvement:** By 7-1-05, Nebraska will improve its ability in addressing children's health needs from 73% of the applicable cases reviewed to 76%

**Baseline:** 73% established during the CFSR

**Method of Measuring Improvement:** N-FOCUS

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
22.1. Strengthen policy and practice to require the documentation of health, dental and mental health examinations on N-FOCUS.	Margaret Bitz	Item 22. Physical health of child (22.1)	1. Policy developed by HHSS.	<del>10/03</del> 2/04 5/04		<b>1<sup>st</sup> Quarter:</b> Request extension to 2/04 to assure that N-FOCUS capability can be in place prior to the development of policy requiring documentation in N-FOCUS. Several alternatives have been explored to assure that the information can be documented accurately and efficiently on N-FOCUS, and discussion is underway.  <b>2<sup>nd</sup> Quarter:</b> Request extension to 5/04.
			2. Training developed by HHS Staff.	<del>12/03</del> 6/04		<b>2<sup>nd</sup> Quarter:</b> Request extension to 6/04.
			3. Train staff on written policy. Training to be conducted by managers and supervisors.	<del>03/04</del> 6/04		<b>2<sup>nd</sup> Quarter:</b> Request extension to 6/04.
			4. Completed training sign in sheets will be submitted to the PSA for the staff in that area.	<del>03/04</del> 6/04		<b>2<sup>nd</sup> Quarter:</b> Request extension to 6/04.
			5. Written policy disseminated through Administrative Memo.	<del>04/04</del> 7/04		<b>2<sup>nd</sup> Quarter:</b> Request extension to 7/04.
			6. Policy implemented statewide.	<del>04/04</del> 7/04		<b>2<sup>nd</sup> Quarter:</b> Request extension to 7/04.
22.2. Create an	Margaret Bitz	Item 22.	1. System Investigation Request to	<del>07/03</del>		<b>1<sup>st</sup> Quarter:</b> Request extension to 1/04. Discussion with

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
automated monthly alert on N-FOCUS that indicates which children are due for a health care or dental examination for Protection and Safety Workers.		Physical health of child (22.2)	require the actual intake receive date to be entered into N-FOCUS and eliminate the default feature is reviewed and approved	1/04 6/04		N-FOCUS staff regarding alternatives to creation of an alert is currently taking place.  <b>2<sup>nd</sup> Quarter:</b> Request extension to 6/04. Meeting scheduled between Business Analyst and Program Staff to clarify options and make decisions.
			2. Change to current system code is made	11/03 2/04 6/04		<b>1<sup>st</sup> Quarter:</b> Request extension to 2/04 based on extension requested above.  <b>2<sup>nd</sup> Quarter:</b> Request extension to 6/04. Meeting scheduled between Business Analyst and Program Staff to clarify options and make decisions
			3. Code testing is completed and system is stable	11/03 2/04 6/04		<b>1<sup>st</sup> Quarter:</b> Request extension to 2/04 based on extension date requested above.  <b>2<sup>nd</sup> Quarter:</b> Request extension to 6/04. Meeting scheduled between Business Analyst and Program Staff to clarify options and make decisions
			4. Release notes explaining the change and current requirements is posted in Lotus Notes for workers	11/03 3/04 7/04		<b>1<sup>st</sup> Quarter:</b> Request extension to 3/04 based on extension date requested above.  <b>2<sup>nd</sup> Quarter:</b> Request extension to 7/04. Meeting scheduled between Business Analyst and Program Staff to clarify options and make decisions
22.3. Develop and implement methods for measuring that health and dental examinations are received as required by policy including follow-up care for identified problems.	Quality Assurance Administrator	Item 22. Physical health of child (22.3)	1. Develop an N-FOCUS report that provides information on the child's receipt of health, dental and mental health exams.	11/03 4/04		<b>1<sup>st</sup> Quarter:</b> Request extension to 4/04 to follow the N-FOCUS change (listed in the action step above) for capturing information in N-FOCUS.
			2. Provide reports to supervisors and managers.	11/03 4/04		<b>1<sup>st</sup> Quarter:</b> Request extension to 4/04 based on extension request above.
			3. Conduct case reviews on a sample of cases to monitor that children are receiving health, dental and mental health examinations as required by policy and based on the child's needs.	07/04		

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
			Program staff from the Office of Protection and Safety will conduct case reviews. The sample will represent each Service Area and will be compiled by the Operations Team from the Office of Protection and Safety. Frequency of case reviews is based on QA protocols.			
			4. Develop and implement standardized supervisor oversight process to monitor compliance with children receiving health and dental examinations as required by policy and based on their needs. Process will include time frames for supervisor's reconciliation of reports, and timeframe for development of corrective action plan	03/04		
			5. Establish baseline regarding compliance with obtaining health and dental examinations based on policy and the needs of the child.	09/04		
			6. Establish targeted improvements based on the baseline.	09/04		
			7. Develop and implement a corrective action plan for areas not meeting practice standards based on QA protocol. Plans will be developed by PSAs for their areas and submitted to the Administrator of the Office of Protection and Safety.	09/04		
22.4. Clarify expectations to placement providers requiring the need to	Margaret Bitz	Item 22. Physical health of child (22.4)	1. Identify expectations in collaboration with NFAPA and provider organizations.	<del>10/03</del> 3/04		<b>1<sup>st</sup> Quarter:</b> Request extension to 3/04. More time is needed to work with NFAPA and the providers in establishing expectations that require the need to maintain health and dental care records of children in their care

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
maintain health and dental care records of children in their care						
			2. Communicate expectations to staff, foster parents and provider organizations through a letter or article in the NFAPA and provider organization newsletters.	<del>12/03</del> 2/04 5/04		<b>1<sup>st</sup> Quarter:</b> Request extension to 2/04. Expectations need to be established prior to communicating them to foster parents and provider organizations.  <b>2<sup>nd</sup> Quarter:</b> Request extension to 5/04 to align with timeframes above.
			3. Incorporate health and dental care expectations into foster parent orientations, pre-service training, ongoing training and foster parent conferences.	<del>01/04</del> 6/04		<b>2<sup>nd</sup> Quarter:</b> Request extension to 6/04 to align with timeframes above.
			4. Revise current and future contracts with out of home care providers to address the expectations regarding the need to maintain health and dental care records of children in their care.	07/04		

**Item 23. Mental health of the child**

**Goal Negotiated Measure; % of Improvement:** By 7-1-05, Nebraska will improve its ability in addressing children's mental health needs from 66% of the applicable cases reviewed to 69%.

**Baseline:** 66% established during the Federal CFSR

**Method of Measuring Improvement:** Nebraska CFSR

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
23.1. Develop a standardized pre-treatment assessment that addresses the child's mental health needs and recommends treatment as needed such as substance abuse, eating disorders, etc.	Todd Reckling	Item 23. Mental health of child (23.1)	1. Assessment developed in collaboration with Nebraska Medicaid and Magellan Managed Care.	09/03	10/03	<b>1<sup>st</sup> Quarter:</b> The pretreatment assessment for Office of Juvenile Offenders (OJS) was developed in collaboration with Medicaid, Managed Care, and Behavioral Health. The tool was drafted and revised several times throughout the months of April –September 2003 and finalized the tool in October 2003. It is anticipated that the new Comprehensive Child and Adolescent Assessment (CCA) will be “test piloted” on the Office of Juvenile Services youth that have been ordered by the court to undergo an OJS evaluation. Ultimately the new pretreatment assessment would be used for any child or youth statewide. Todd Reckling, Linda Wittmus from Behavioral Health, Roxie Ciellesen from Medicaid, and Margaret Bitz met on several occasions

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
						throughout the months of April to October to discuss the evaluation tool and process. Medicaid and Managed Care met with a Provider Advisory Group (PAG) and made final adjustments to the evaluation.
			2. Assessment requirements disseminated to Medicaid providers by Central Office Medicaid.	<del>12/03</del> 7/04		<p><b>1<sup>st</sup> Quarter:</b> Request Extension to 7/04. Discussion between Medicaid, Managed Care, and Management is still occurring as issues regarding fiscal impact, utilization, and operation need to be finalized.</p> <p><b>2<sup>nd</sup> Quarter:</b> A number of steps necessary for distribution and use of the criteria have occurred. Regulation in 479 NAC was certified on February 23, 2004. This regulation change was necessary to clarify when a ward is eligible for Medicaid. A decision was made to create a Preferred Provider Panel, with only those providers being authorized by Magellan (Nebraska's ASO) to do the OJS evaluations. The criteria for the Preferred Provider Panel is completed and will be mailed by Magellan to current OJS evaluation providers the first week in March, with an invitation to apply. Applications must be returned by April 1, 2004. A selection process will be followed, including reviewers from Magellan, Medicaid, and Protection and Safety, and external mental health providers. Providers will be ready to provide the service by May 1, 2004. Upon having the decision regarding which providers are on the Preferred Provider Panel, Protection and Safety will issue an RFQ to all of them to ask if they also are interested in a contract to provide this service to youth who are not Medicaid eligible. Mailing date for this RFQ is dependent on Magellan approval of the Preferred Provider Panel but is anticipated during April, 2004.</p>
			3. Training conducted by Medicaid on use of assessment.	<del>12/03</del> 7/04		<p><b>1<sup>st</sup> Quarter:</b> Request Extension to 7/04. Discussion between Medicaid, Managed Care, and Management is still occurring as issues regarding fiscal impact, utilization, and operation need to be finalized. Training on the new pretreatment evaluation would be provided by Managed Care and Medicaid for the preferred providers selected to be in the approved network. HHS would then offer training to the OJS evaluation coordinators on the new evaluation. This training has not been finalized yet.</p> <p><b>2<sup>nd</sup> Quarter:</b> Medicaid and Magellan will provide training</p>



Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
						prior to implementation, which is scheduled by July 1, 2004.
			4. Implement use of assessment	<del>12/03</del> 7/04		<p><b>1<sup>st</sup> Quarter:</b> Request Extension to 7/04. The new pretreatment assessment is not ready to be finalized yet so training dates for staff has not been established. OJS evaluation contracts were extended through December 31, 2003 and in December 2003 they were extended again through 06/30/2004 to provide adequate time to finalize the evaluation process.</p> <p><b>2<sup>nd</sup> Quarter:</b> Implementation of the total process is scheduled for July 1, 2004. It is possible that partial implementation will occur in May, 2004.</p>
			5. Monitor completed assessments to determine that the standardized assessment addresses the child's mental health needs and that appropriate services are being provided.	<del>03/04</del> 7/04		<b>1<sup>st</sup> Quarter:</b> Request Extension to 7/04.
23.2. Develop policy regarding when and how to access pre-treatment assessments for mental health issues.	Todd Reckling	Item 23. Mental health of child (23.2)	1. Policy developed in collaboration with Nebraska Medicaid and Magellan Managed Care.	<del>09/03</del> 7/04		<p><b>1<sup>st</sup> Quarter:</b> Extension requested to 07/04. The pretreatment assessment for Office of Juvenile Offenders (OJS) was developed in collaboration with Medicaid, Managed Care, and Behavioral Health. The tool was drafted and revised several times throughout the months of April –September 2003 and finalized the tool in October 2003. It is anticipated that the new Comprehensive Child and Adolescent Assessment (CCA) will be “test piloted” on the Office of Juvenile Services youth that have been ordered by the court to undergo an OJS evaluation. Ultimately the new pretreatment assessment would be used for any child or youth statewide. The tool is a very in-depth assessment and evaluation of the child or youths mental health issues, behavioral needs, and substance abuse needs. Todd Reckling, Linda Wittmus from Behavioral Health, Roxie Ciellesen from Medicaid, and Margaret Bitz met on several occasions throughout the months of April to October to discuss the evaluation tool and process. Medicaid and Managed Care met with a Provider Advisory Group (PAG) and made final adjustments to the evaluation.</p>
			2. Written policy disseminated through Administrative Memo.	<del>09/03</del> 07/04		<b>1<sup>st</sup> Quarter:</b> Request Extension 07/04. Medicaid, Managed Care, and the HHS system are working to get final

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
						approval on the new Comprehensive Child and Adolescent evaluation. Managed Care is currently preparing to establish a preferred provider network of approved providers who would do the pretreatment evaluations.
			3. Training developed in collaboration with HHS Training, University of Nebraska Center for Children, Families, and the Law (CCFL) and Medicaid.	<del>11/03</del> 07/04		<b>1<sup>st</sup> Quarter:</b> Request Extension 07/04
			4. Train staff on written policy. Training to be conducted by managers and supervisors.	<del>12/03</del> 07/04		<b>1<sup>st</sup> Quarter:</b> Request Extension 07/04
			5. Completed training sign in sheets will be submitted to the PSA for the staff in that area.	<del>12/03</del> 07/04		<b>1<sup>st</sup> Quarter:</b> Request Extension 07/04
			6. Policy implemented statewide.	<del>01/04</del> 07/04		<b>1<sup>st</sup> Quarter:</b> Request Extension 07/04
23.3. Train all PS staff on accessing Medicaid mental health and substance abuse services.	Margaret Bitz	Item 23. Mental health of child (23.3)	1. Training developed in collaboration with Nebraska Medicaid and Magellan Managed Care.	01/04	09/03	<b>1<sup>st</sup> Quarter:</b> Training curricula was developed in September 2003 by Margaret Bitz with HHS, Medicaid, and Managed Care staff.
			2. Training conducted by the Office of Protection and Safety in collaboration with Nebraska Medicaid and Magellan Managed Care on accessing Medicaid mental health and substance abuse services.	06/04	10/03	<b>1<sup>st</sup> Quarter:</b> A training session was delivered to all Protection and Safety Supervisors on October 07, 2003 at the Supervisor's Annual Conference  Medicaid, Magellan, and Protection and Safety staff provided training to Protection and Safety and Resource Development administrators in October at the Supervisors' Conference, along with the expectation that they in turn would train staff.
			3. Completed training sign in sheets will be submitted to the PSA for the staff in that area.	06/04	10/03	<b>1<sup>st</sup> Quarter:</b> Sign-in sheets are maintained with training attendance records at the University of Nebraska Center for Children Families and the Law.



**Item 28. Provides a process for termination of parental rights proceedings in accordance with the provisions of the Adoption and Safe Families Act.**

**Goal:** Termination of Parental Rights will be filed in accordance with ASFA requirements.

**Method of Measuring Improvement:** N-FOCUS

Action Steps and Benchmarks are included in other items.

**Item 29. Provides a process for foster parents, pre-adoptive parents, and relative caregivers of children in foster care to be notified of, and have an opportunity to be heard in, any review or hearing held with respect to the child.**

**Goal Negotiated Measure; % of Improvement:** All relevant parties will be notified and provided the opportunity to be heard in any hearing related to the child.

**Method of Measuring Improvement:** Nebraska CFSR

Action Steps	Lead Responsibility	Areas of Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
29.1. Strengthen policy and practice regarding the procedures for notifying the court of who is relevant to a particular case and need to be invited to future court proceedings	Chris Hanus	<i>Item 29-</i> Process for foster parents, pre-adoptive parents and relative caregivers to be notified and have opportunity to be heard in any review or hearing (29.1)	1. Policy developed in collaboration with the CIP on procedures for notifying the court of who to invite to court proceedings.	03/04		
			2. Policy disseminated by Administrative Memo.	04/04		
			3. Letter written and disseminated to the courts in collaboration with the CIP reminding them of their responsibility to invite relevant people to hearings.	04/04		
29.2. Develop a design to integrate the Foster Care Review Board Information System with N-FOCUS in order to eliminate discrepancies between the N-FOCUS system and the FCRB information system.	Sherri Haber	<i>Item 25.</i> Provides a process to ensure that each child has a written case plan to be developed jointly with the child's parent(s) that includes the required provisions.	1. Agreement made with Foster Care Review Board to incorporate the Review Board's system needs into N-FOCUS.	12/03	07/03	<p><b>1<sup>st</sup> Quarter:</b> July 18, 2003 a verbal agreement with the Foster Care Review Board was given to incorporate the Review Board system needs into N-FOCUS. It was decided that a Steering Committee would be chartered to ensure the completion of the Foster Care Review Boards system development.</p> <p>November 14, 2003 the first Steering Committee Meeting was held. A Charter was developed and approved to build a Foster Care Review Board system into N-FOCUS. The steering committee also established a subcommittee to actually develop design and implement the integration.</p> <p><b>2<sup>nd</sup> Quarter:</b> The Steering Committee continues to meet</p>

Action Steps	Lead Responsibility	Areas of Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
		(25.8) Item 29- Process for foster parents, pre-adoptive parents and relative caregivers to be notified and have opportunity to be heard in any review or hearing (29.2)				<p>monthly to oversee that the work of the subcommittee continues and remains on track. The subcommittee has completed the following:</p> <ul style="list-style-type: none"> <li>12/12/03 The SACWIS Compliance Work team met for the first time. The Work team spent time talking about the design of the system and the steps to take in an effort like this. There was discussion about the level of participation needed on both the FCRB and N-FOCUS side-FOCUS Project Manager provided the Work team examples of the level of detail that went into putting Developmental Disabilities into N-FOCUS. FCRB provided the "Capabilities of the Foster Care Review Board's Independent Tracking System" to provide a basis for understanding the FCRB business and needs. HHSS has assigned two individuals who will work exclusively on this project. They are from IS&amp;T and from Protection and Safety Operations Team. Technical leads for this project are from N-FOCUS Applications Development. Before the next Work team Meeting HHS staff will visit the FCRB and have a step by step walk through of the current system, review the current processes and go through the case file procedure, start to finish. The Work team agreed to begin meetings after the holiday season. The next meeting is scheduled for January 9. The meeting schedule agreed to, because of FCRB time and resource restraints will be every Friday for 3-4 hours. The goal of the Work team during these 3-4 work sessions will be to have an action plan to present to the ACF Federal Representatives during their May visit.</li> <li>01/07/04 HHSS came to the FCRB office for a tour of all the procedures; tools and processes used by the FCRB staff.</li> <li>01/09/04 At this meeting the FCRB talked about what the Board is, what they do, the mission statement, agency configuration, the Boards, the volunteers and what they do versus what the staff does. They provided in detail the business of the FCRB. It is the statutory responsibility of the FCRB to track the children. A notebook will be created that will include examples of the screens used, what the information</li> </ul>

Action Steps	Lead Responsibility	Areas of Responsibility	Benchmarks	Date Projected	Date Actual	Progress Report
						looks like when it is received, and other pieces of information that will be helpful to convey what the needs of the FCRB will be and how the system should be organized. The goal is to have this notebook completed prior to the next Work team meeting. The team feels that it is still too early for any design effort and that the focus is still on research and analysis. FCRB is going to do some early data mapping that shows common fields and what they mean. As the Work team gets through the data mapping the conversion and implementation plan will start to take shape. The HHSS side will bring additional people to the next meeting to assist in this process.
			2. Design document developed	06/04		<b>1<sup>st</sup> Quarter:</b> The SACWIS Compliance Work Team is scheduled to hold its first meeting on 12/12/03.

**Item 30. The State has developed and implemented standards to ensure that children in foster care are provided quality services that protect the safety and health of the children.**

**Goal:** The State of Nebraska will use standards to ensure that children in foster care are provided with quality services that protect the safety and health

**Method of Measuring Improvement:** Progress of benchmarks in written Quality Assurance Plan.

Action Steps and Benchmarks are included in other items.

**Item 31. The State is operating an identifiable quality assurance system that is in place in the jurisdictions where the services included in the CFSP are provided, evaluates the quality of services, identifies strengths and needs of the service delivery system, provides relevant reports, and evaluates program improvement measures implemented.**

**Goal:** The State of Nebraska will operate an identifiable quality assurance system.

**Method of Measuring Improvement:** Progress of benchmarks in written Quality Assurance Plan.

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
31.1. Develop a framework for Quality Assurance (QA) in collaboration with the NRC for Organizational Improvement and field staff.	Sherri Haber	Item 31. Operating an identifiable quality assurance system. (31.1)	1. Technical Assistance requested.	09/02	09/02	<b>1<sup>st</sup> Quarter:</b> Formal request for Technical Assistance through the Regional Office was completed 12/02. Peter Watson informally provided TA starting 09/02 and continuously since that time.
			2. QA framework developed in collaboration with the NRC for Organizational Improvement.	10/02	12/02 Date Director Approved	<b>1<sup>st</sup> Quarter:</b> In July 2002, the Office of Protection and Safety's Management Team chartered a time-limited team with the purpose of developing a statewide Quality Assurance Implementation Plan for Protection and Safety. Team members consisted of select field staff, supervisors,

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
						<p>managers and central office staff.</p> <p>On 10/01/02 this chartered team participated in a teleconference titled A Framework for Quality Assurance presented by Peter Watson and Mary O'Brien both from the National Child Welfare Resource Center for Organizational Improvement.</p> <p>On 10/08/02 the chartered team met to develop a framework and implementation plan for Quality Assurance. The framework was agreed upon by the team. We also incorporated components of what we want in a QA system and gave out assignments to gather additional information.</p> <p>On 10/09/02 a formal request to the ACF Regional office was made requesting technical assistance from Peter Watson of the NCWRC for Organizational Improvement.</p> <p>On 10/29/02 the chartered team met again to review the 'draft' QA plan which was developed based on the input from the 10/08 meeting as well as subsequent information shared with team members. The group updated the plan and asked that it be sent out to key stakeholders for any needed clarification prior to the plan being finalized for submission to the Protection &amp; Safety Management Team.</p> <p>In November 2002 the 'draft' plan was shared with the Statewide Advisory Team and the Protection &amp; Safety Management Team.</p> <p>In December 2002 the Director of HHSS approved the QA Implementation Plan.</p>
			3. Framework identifies components of Quality Assurance System.	10/02	12/02	<p><b>1<sup>st</sup> Quarter:</b> The framework developed in the QA Implementation Plan, approved in December 2002, includes components of a Quality Assurance System. The components are also identified within the Program Improvement Plan.</p>
			4. QA Structure and staffing are in place including staffing.	<del>12/03</del> 02/04 6/04		<p><b>1<sup>st</sup> Quarter:</b> Extension requested to 02/04. An extension request is being made, as the Office of Protection &amp; Safety did not receive approval to create the QA Unit Manager positions until the end of October and as of 11-19-03 Human Resources has not yet advertised the positions. We are requesting an extension until 01-31-04. If the jobs are advertised the week of 11-25-03, the request for applications will close on 12-09-03. Applications will be</p>

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
						<p>received by the division by 12-12-03. By the time interviews are scheduled, interviews conducted, the holidays and background checks are completed it will be at least the end of December or first part of January before the positions are hired. New hires will need to give notice and some will not be able to start until the end of January 2004. Another possible delay is that there are 3 positions in different areas of the state and each area is hiring their own QA Unit Manager. This process could take much longer than having one group complete all interviews and selecting staff based on the one interview.</p> <p>04-17-03 Meeting was held with the Office of Protection &amp; Safety Administrator, the Deputy Administrator of Operations for the Office of Protection &amp; Safety and a Resource Development Administrator from the field to draft a proposed organizational structure for Quality Assurance to be approved by HHSS Administration.</p> <p>07/18/03 received approval from HHSS Administration to hire Quality Assurance Staff.</p> <p>07/29/03 State Personnel approved a request to create the QA Administrator Position.</p> <p>07/31/03 Job Order document was sent to Human Resources.</p> <p>07-31-03 Request from HHSS Administration for a copy of the Organizational Structure was requested &amp; sent.</p> <p>08-10-03 QA Administrator job was advertised.</p> <p>08-12-03 QA Unit Manager request for positions was put on hold by the HHSS Director. HHSS Administration was reviewing the proposed organizational structure.</p> <p>08-27-03 Screening tool and interview questions for the QA Administrator job was sent to Human Resources for approval.</p> <p>08-28-03 Approval for hiring the QA Administrator was given by the Deputy Administrator.</p> <p>08-28-03 Job applications for the QA Administrator job were received by the Office of Protection &amp; Safety.</p> <p>09-05-03 QA Administrator job applications were screened.</p> <p>09-19-03 Interviews for the QA Administrator job were scheduled.</p> <p>10-01-03 QA Administrator was hired.</p> <p>10-06-03 QA Administrator started his first day on the job.</p> <p>10-06-03 Received approval to hire QA Unit Managers</p>



Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
						<p>10-20-03 Met with human resources and state personnel to get the new QA Unit Manager Positions approved.</p> <p>10-24-03 Received approval from state personnel that the positions are approved and we can begin the hiring process of the QA Unit Managers.</p> <p>10-28-03 Developed and documented a collaborative hiring process for the new QA Managers integrating (a) CEO decision making, (b) QA Administrator guidance and coordination, and (c) HR guidance and operational actions</p> <p>10-28-03 Submitted draft documents regarding QA Manager positions to Service Area CEOs (draft summary of QA functions, draft job description, job order document).</p> <p>11-06-03 With facilitation by the new QA Administrator, Service Area CEOs developed their long-term vision of Service Area QA function and structure.</p> <p>11-06-03 After review of six documents (including the September, 2003 document prepared by the PSAs and RDAs), the QA Administrator and CEOs developed a list of Service Area QA Manager responsibilities and required aptitudes.</p> <p>11-10-03 QA Administrator and CEOs drafted advertisement based on responsibilities and aptitudes.</p> <p>11-18-03 HR (with involvement from QA Administrator) revised advertisement text and developed recruitment plan</p> <p>11-23-03 Advertisement published</p> <p>The QA Administrator is responsible for continuing to coordinate and collaborate with the CEOs and their staffs to achieve the PIP milestone "QA Structure and staffing are in place." This effort will include at least the following steps, focused on hiring and integrating the efforts of the three new QA Managers:</p> <ul style="list-style-type: none"> <li>· Develop screening tool</li> <li>· Develop interview tool</li> <li>· Develop detailed plan for QA Mgr startup in Svc Areas</li> <li>· Develop orientation/training/team building seminar for new QA Mgrs.</li> <li>· Screen applications</li> <li>· Interview applicants</li> <li>· Hire (target date: 01-31-04)</li> <li>· Orientation/training/team building for the new QA managers</li> </ul>

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
						<ul style="list-style-type: none"> <li>· Service Area Analysis and Planning for Quality Assurance</li> <li>· Service Area QA implementation</li> </ul> <p><b>2nd Quarter:</b> Request extension to 06/04, to allow for possibility of re-advertising the position, if necessary. The following steps have been accomplished regarding the hiring of the three QA Managers:</p> <ul style="list-style-type: none"> <li>· Develop screening tool</li> <li>· Develop interview tool</li> <li>· Begin screening applications</li> </ul>
31.2. Identify or develop practice standards.	Quality Assurance Administrator	Item 31. Operating an identifiable quality assurance system (31.2)	1. Review policies and administrative memo's to identify practice standards	06/04		
			2. Develop other practice standards as indicated.	06/04		
			3. Communicate practice standards to staff and providers.	06/04		
31.3. Compile and review data resulting from monitoring activities to identify non-conformity with practice standards.	Quality Assurance Administrator	Item 31. Operating an identifiable quality assurance system (31.3)	1. Identify monitoring activities.	06/04		
			2. Gather & analyze reports.	06/04		
			3. Distribute reports.	06/04		
31.4. Access monitoring tools necessary to conduct QA activities.	Sherri Haber	Item 31. Operating an identifiable quality assurance system (31.4)	1. Request SPSS software purchase through Information Systems and Technology [IS&T]	10/02	08/03	<b>1<sup>st</sup> Quarter:</b> 08-20-03 SPSS request made to IS&T.
			2. Software is purchased by IS&T.	08/03	08/03	<b>1<sup>st</sup> Quarter:</b> 08-03 Software purchased.
			3. Software is installed by IS&T.	08/03	09/03	<b>1<sup>st</sup> Quarter:</b> 09-03 Software installed.

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
31.5. Develop and implement a NE CFS Review	Quality Assurance Administrator	Item 31. Operating an identifiable quality assurance system (31.5)	1. Design a NE CFS review process.	<del>12/03</del> 2/04 6/04		<p><b>1<sup>st</sup> Quarter:</b> Extension to 02-28-04 is being requested. The QA Administrator has just been assigned this task and the staff to help develop this project is not yet hired. The plan is to have them on board by 01-31-04.</p> <p>10-28-03 a high level design of what needs to be included in the Nebraska version of the CFSR was prepared. 11-14-03 New QA Administrator was assigned to work on this project.</p> <p><b>2<sup>nd</sup> Quarter:</b> Extension requested to 06/04. The QA Administrator has been focusing his efforts and the efforts of available resources on three areas: (1) the process of hiring three QA Unit Managers (which is still in progress); and (2) assessment and revision of the intake system. The most pressing issue in the Nebraska system at this time is the intake system. The importance of making further improvements to the intake system is the highest priority, we decided to focus our efforts in the near term on intake system improvement. The intake system assessment includes an Omaha case read that has been an important prototype of significant elements of the CFSR.</p>
			2. Identify participants in the NE CFSR.	<del>06/04</del> 8/04		<b>2<sup>nd</sup> Quarter:</b> Extension requested to 08/04, to accommodate the delay in designing the NE CFSR.
			3. Train participants on the NE CFSR process and procedures. The training will be conducted by the office of Protection and Safety	<del>06/04</del> 8/04		<b>2<sup>nd</sup> Quarter:</b> Extension requested to 08/04, to accommodate the delay in designing the NE CFSR.
			4. Implement NE CFSR pilot. Pilot sites will be determined based on a volunteer basis by service area.	09/04		
			5. Assess pilot for improvements in process.	09/04		
			6. Implement in non-pilot sites.	12/04		

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
31.6. Develop and implement Utilization Management of services to assure that children and families are receiving the appropriate level and intensity needed.	Sherri Haber	Item 31. Operating an identifiable quality assurance system (31.6)	1. Analyze the Eastern Service Area's UM system to determine the effectiveness.	10/02 03/04		<p><b>1<sup>st</sup> Quarter:</b> Requesting extension of this action step &amp; benchmark until 03/04. We believe that the Date Projected and the Actual date were entered by mistake. Since we do not yet have Quality Assurance staff on board we have been unable to proceed.</p> <p><b>2<sup>nd</sup> Quarter:</b> On 02/20/04 a formal request was made to each area of the state to submit their current UM practice and protocols to Central Office for review by 03/26/04.</p>
			2. Develop consistent statewide UM policy and procedures based on analysis (including roles, responsibilities, timeframes, etc.)	06/04		
			3. Identify UM staff	12/04		
			4. Train UM staff. The Office of Protection and Safety will conduct training.	12/04		
			5. Implement UM statewide	06/05		
31.7. Develop and implement External Review Coordination System to assure findings are analyzed and considered for possible corrective action.	Quality Assurance Administrator	Item 31. Operating an identifiable quality assurance system (31.7)	1. Develop protocol to evaluate external review findings for possible corrective action.	06/04		
			2. Identify staff responsible for evaluations and facilitation of corrective action plans.	06/04		
			3. Train staff responsible for coordination. The Office of Protection and Safety will conduct training.	06/04		
			4. Implement External Review	06/04		

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
			Coordination System.			
31.8. Develop protocol for use of surveys to improve outcomes and services for children and families.	Quality Assurance Administrator	Item 31. Operating an identifiable quality assurance system (31.8)	1. Survey instruments gathered.	06/04		
			2. Review and analysis completed of gathered surveys.	12/04		
			3. Protocol developed including the use of surveys, the analysis and dissemination of findings, and the development of corrective action for improvement.	06/05		
31.9. Develop and implement Provider Performance Accountability	Sherri Haber	Item 31. Operating an identifiable quality assurance system (31.9)	1. In collaboration with NRC on Organizational Improvement, develop consistent statewide Provider Performance Accountability system.	<del>12/03</del> 12/04		<b>1<sup>st</sup> Quarter:</b> Request an extension to 12/04. We believe that the year was entered in error. We made a conscious effort to make sure that we dealt with staff performance prior to dealing with provider performance.
			2. Develop performance standards for each contracted service.	<del>06/04</del> 06/05		<b>1<sup>st</sup> Quarter:</b> Request an extension to 06/05 as this ties in with prior tasks where we are requesting extensions.
			3. Revise contracts to incorporate performance accountability standards and requirements for corrective action when standards are not met.	<del>06/04</del> 06/05		<b>1<sup>st</sup> Quarter:</b> Request an extension to 06/05 as this ties in with prior tasks where we are requesting extensions.
			4. Train staff on the contract language regarding performance standards. The Office of Protection and Safety will conduct training.	<del>06/04</del> 06/05		<b>1<sup>st</sup> Quarter:</b> Request an extension to 06/05 as this ties in with prior tasks where we are requesting extensions.
			5. Train providers on the contract language regarding the expectations of performance standards.	<del>06/04</del> 06/05		<b>1<sup>st</sup> Quarter:</b> Request an extension to 06/05 as this ties in with prior tasks where we are requesting extinctions.
			6. Monitor contracts for compliance.	<del>07/04</del> 07/05		<b>1<sup>st</sup> Quarter:</b> Request an extension to 07/05 as this ties in with prior tasks where we are requesting extinctions.

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
31.10. Develop a staff performance accountability system.	Quality Assurance Administrator	Item 31. Operating an identifiable quality assurance system (31.10)	1. In collaboration with HHS Human Resources, develop statewide staff performance practice standards.	06/04		
			2. Communicate with staff the process and expectations of the performance accountability system.	12/04		
			3. Train supervisors on staff performance accountability. Managers and Human Resources will conduct training.	12/04		
			4. Develop and implement standardized supervisor oversight process to monitor compliance with performance accountability standards. Process will include time frames for supervisor's reconciliation of reports, and timeframe for development of corrective action plan	<del>09/03</del> 12/04		<b>1<sup>st</sup> Quarter:</b> We believe the year in this task should have been 09/04, since we would not be implementing until 12/04.
			5. Implement staff performance accountability system	12/04		
31.11. Develop and implement a corrective action plan and format.	Sherri Haber	Item 31. Operating an identifiable quality assurance system (31.11)	1. Define corrective action plan components including areas of identified practice standards, format, timeframes, etc.	09/03	11/03	<b>1<sup>st</sup> Quarter:</b> In 11/03 a variety of sample corrective action plans were reviewed by Protection and Safety Administrators and Supervisors. It was decided that the corrective action plan format will have the same components of the Program Improvement Plan which include: The goal, evaluation method, baseline, targeted improvement, action steps, lead responsibility, benchmarks, date projected and actual and a progress report.
			2. Implement corrective action plan protocol when the need is identified.	06/04 and ongoing		
31.12. Develop and implement a supervisory	Quality Assurance	Item 31. Operating an	1. Define supervisory oversight components including areas of	<del>09/03</del> 5/04		<b>1<sup>st</sup> Quarter:</b> Requesting an extension until 05/04. QA staff has not yet been hired. These functions have changed

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
oversight system.	Administrator	identifiable quality assurance system (31.12)	identified practice standards, format, timeframes, etc.			and/or need to be re-evaluated on an ongoing basis when new tools or procedures are put into place.
			2. Implement corrective action plan protocol when the need is identified.	12/03 and ongoing		

**Item 33: The State provides for ongoing training for staff that addresses the skills and knowledge base needed to carry out their duties with regard to the services included in the CFSP.**

**Goal:** All Protection and Safety staff will be required to obtain 24 hours of training annually that assures professional growth and skills development.

**Method of Measuring Improvement:** Review of Training Records

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
33.1. Develop and implement a system to track and monitor the ongoing training of staff	Sherri Haber	Item 33. Provides for ongoing training for staff. (33.1)	1. In collaboration with CCFL, develop a tracking system for staff training	10/01	10/01	<b>1<sup>st</sup> Quarter:</b> The Center for Children Family & the Law (CCFL) has a computer program in place which tracks staff training. If CCFL or the State provides the training, they automatically take the sign in sheets and enter staff's participation in training. If a training is attended not sponsored by CCFL or the State then it is the responsibility of the staff supervisor to submit a copy of the agenda and supervisory approval of attendance to CCFL for tracking purposes.
			2. Generate reports quarterly that identify training completed by staff.	10/01	10/01	<b>1<sup>st</sup> Quarter:</b> CCFL generates quarterly reports to every supervisor identifying the staff name, class name, date of training, # hours, and total hours for the CY.
			3. Distribute reports to PS supervisors and managers for continued review of individual staff development plans.	10/01	10/01	<b>1<sup>st</sup> Quarter:</b> CCFL and HHSS Training Unit send these reports to supervisors and managers for continued monitoring.
33.2. Issue communication to PS staff emphasizing ongoing training requirement, how to access training opportunities, how to track training hours,	Sherri Haber	Item 31. Operating an identifiable quality assurance system (33.2)	1. Communication developed and distributed	12/03	01/04	<b>2<sup>nd</sup> Quarter:</b> 01/21/04 a formal notification went to the field via e-mail describing the ongoing training requirements, accessing training opportunities and tracking training hours. The communication also outlined protocols for approval of training outside the scope of CCFL.

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
protocols for approval of training offered outside the scope of the CCFL contract						
					Completed	
					Completed	
					Completed	
					Completed	
					Completed	
					Completed	

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Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report



**Item 35: Array of services are in place****Goal:** Nebraska will increase the array of service in pilot areas of the state.**Method of Measuring Improvement:** Nebraska CFSR

Action Steps and Benchmarks are included in other items.

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report

**Item 36. The services in item 35 are accessible to families and children in all political jurisdictions covered in the State's CFSP.****Goal:** Nebraska will increase the accessibility of services in pilot areas of the state.**Method of Measuring Improvement:** Nebraska CFSR

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
36.1. Partner with the Nebraska Public Health Improvement Initiative to expand health and dental services for state wards	Sherri Haber and Terri Farrell	Item 36. Services accessible in all political jurisdictions. (36.1)	1. Collaborate with NE Public Health to identify areas of the state having difficulty obtaining health and dental services for state wards	06/04		<b>2<sup>nd</sup> Quarter</b> – The Charter authorizing this group to meet and work on the objectives was signed on 02/10/04. The first meeting of this group will be scheduled in March
			2. Communicate gaps in health and dental services for state wards to local health Departments	12/04		
			3. Collaborate with NE Public Health and NE Medicaid to assist with locating and securing health and dental services for state wards statewide.	06/05		

**Item 37: The services in item 35 can be individualized to meet the unique needs of children and families served by the agency****Goal:** Nebraska will individualize services to meet the unique needs of children and families served by the agency**Method of Measuring Improvement:** Nebraska CFSR

Action Steps and Benchmarks are included in other items.

**Item 43. The State complies with Federal requirements for criminal background clearances as related to licensing or approving foster care and adoptive placements and has in place a case planning process that includes provisions for addressing the safety of foster care and adoptive placements for children.**

**Goal:** All foster and adoptive parents shall have a completed and clear FBI check prior to licensure or placement.

**Method of Measuring Improvement:** N-FOCUS

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
43.1. Develop policy that requires all licensed and approved foster parents to be fingerprinted for criminal background checks	Margaret Bitz	Item 43. State complies with criminal background clearances. (43.1)	1. Policy developed by HHSS.	10/02	10/02	<p><b>1<sup>st</sup> Quarter:</b> Licensing regulations requiring National Criminal History Checks became effective late in 2002. Because of the complexity and detail needed to establish processes with the NE State Patrol, train staff in doing fingerprints, purchasing equipment, etc., actual implementation didn't begin until January, 2003. As of 1/15/03, no license can be issued unless the required checks have been completed. For a period of approximately 3 months in the Fall of 2003, it was not possible to complete National Checks, because of FBI regulations and statutes. The problems were worked out, and National Checks began again in 11/03. Legislation will be introduced in the 2004 Unicameral to require National Checks. Having this legislation will assure that NE will remain eligible to conduct the National Checks in the future.</p> <p><b>2<sup>nd</sup> Quarter:</b> Legislation has been introduced as a part of the HHS "clean-up" bill, LB 1005.</p>
			2. Training developed by HHS Staff.	01/03	01/03	<p><b>1<sup>st</sup> Quarter:</b> Training on the process from completing the fingerprinting process was developed by HHSS.</p>
			3. Train staff on written policy. Training to be conducted by managers and supervisors.	01/03	01/03	<p><b>1<sup>st</sup> Quarter:</b> Training has been provided to staff statewide. In addition, training on rolling fingerprints has been and continues to be provided by the NE State Patrol, to appropriate staff, as needed.</p>
			4. Written policy disseminated through Administrative Memo.	01/03	01/03	<p><b>1<sup>st</sup> Quarter:</b> Administrative Memo was distributed to the Field in 12/02, requiring implementation to begin on 1/15/03.</p>
			5. Policy implemented statewide.	01/03	01/03	<p><b>1<sup>st</sup> Quarter:</b> Implemented 1/15/03.</p>
43.2. Develop and implement a method for assuring compliance with required criminal background check policy prior licensure or approval.	Margaret Bitz	Item 43. State complies with criminal background clearances. (43.2)	1. Identify methods to assure checks are completed prior to licensure or approval of a home.	<del>12/03</del> <del>1/04</del> 4/04		<p><b>1<sup>st</sup> Quarter:</b> Request extension to 1/04. Checklist used by Licensing staff has been revised to specifically include criminal history checks and will be ready for distribution in December or January.</p> <p><b>2<sup>nd</sup> Quarter:</b> Request extension to 4/04 as more time is needed to complete.</p>

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
						IS&T staff have developed changes to N-FOCUS to assure checks are completed prior to licensure. The changes need to be approved before the changes can be implemented on the system.
			2. Implement methods.	<del>12/03</del> <del>1/04</del> 4/04		<b>1<sup>st</sup> Quarter:</b> Request extension to 1/04.  <b>2<sup>nd</sup> Quarter:</b> Request extension to 4/04 as more time is needed to complete.
			3. Develop and implement standardized supervisor oversight process to monitor compliance with conducting criminal background checks.	<del>07/03</del> <del>3/04</del> 6/04		<b>1<sup>st</sup> Quarter:</b> Request extension to 3/04. Discussion is underway to determine how best to record the fact that a criminal history check was done on N-FOCUS, so that reports can be created for supervisors to assist in their oversight of this licensing requirement.  <b>2<sup>nd</sup> Quarter:</b> Request extension to 6/04 as more time is needed to complete.
			4. Establish baseline for measuring compliance with criminal background policy	<del>12/03</del> 8/04		<b>1<sup>st</sup> Quarter:</b> Request extension to 8/04 to allow for creation of the recording capability on N-FOCUS and time for staff to enter the information for all licensed foster parents.
			5. Establish targeted improvements based on baseline	<del>12/03</del> 10/04		<b>1<sup>st</sup> Quarter:</b> Request extension to 10/04 to allow use of N-FOCUS for data gathering.
			6. Develop and implement a corrective action plan for areas not meeting practice standards based on QA protocol. Plans will be developed by PSAs for their areas and submitted to the Administrator of the Office of Protection and Safety.	<del>09/03</del> 10/04 and ongoing		<b>1<sup>st</sup> Quarter:</b> Request extension to 10/04 to allow use of N-FOCUS for data gathering.

**Item 44. The State has in place a process for ensuring the diligent recruitment of potential foster and adoptive families that reflect the ethnic and racial diversity of children in the State for whom foster and adoptive homes are needed.**

**Goal:** Nebraska will operate from an identifiable foster and adoptive parent retention and recruitment plan.

**Method of Measuring Improvement:** Progress of meeting targeted goals identified in benchmarks.

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
44.1. Continue to support Nebraska Foster	Chris Hanus	Item 44. Diligent	1. Renew NFAPA contract to provide financial support for foster family	07/03	07/03	<b>1<sup>st</sup> Quarter:</b> Completed contract renewal effective July 1, 2003.

Action Steps	Lead Responsibility	Areas of Impact	Benchmarks	Date Projected	Date Actual	Progress Report
and Adoptive Parent Association mentoring program		recruitment of potential foster and adoptive families. (44.5)	mentors.			

**Item 45. The State has in place a process for the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children.**

**Goal:** Nebraska will use State and National Adoption exchanges.

**Method of Measuring Improvement:** N-FOCUS

Need to include the action steps and benchmarks for 45.3, Develop policy regarding inter-jurisdictional adoptions.